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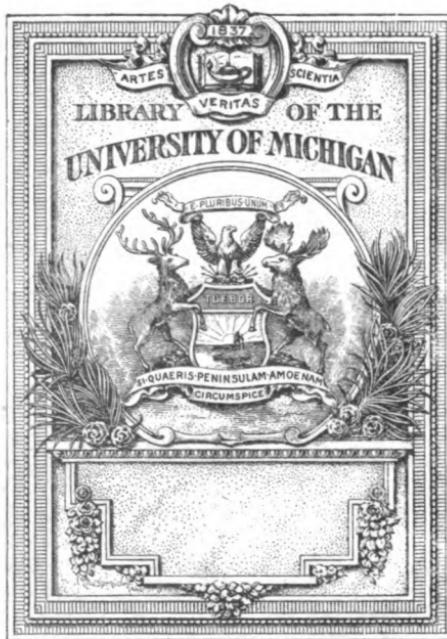
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THE
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HOMŒOPATHIC WORLD:

A MONTHLY JOURNAL OF

*MEDICAL, SOCIAL, AND SANITARY
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'EDITED BY J. H. CLARKE M.D.

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INDEX.

	PAGE
A Case of Cheloid cured by <i>Silica</i>	356
A Computation	392
A Critical Analysis of the Cyclopædia of Drug Pathogenesis. By Dr. Berridge.	305, 353, 457
A Groundless Fear	97
A Lecture on <i>Aceticum Acidum</i>	78
A New Propaganda	530
A Worthy Step	538
Accident with Lycopodium	431
Acetate of Lead in Aeurism	370
<i>Aceticum Acidum</i> , A Lecture on	78
Acute Tuberculosis, <i>Belladonna</i> in	146
Advance Australia	437
Allopathic Homœopathy— <i>Carbolic Acid</i> in Dyspepsia and Vomiting	224
Ammoniated Bread	36
Aneurism, Acetate of Lead in	370
Annual Homœopathic Congress	404
Asthma from Smell of a Cooked Hare ..	479
 Bath and its Water. By George Norman, M.R.C.S.	343
Therapeutics	395
Geology	495
Baths, Royal York	322
Bedclothes, How to Change	473
<i>Belladonna</i> and Yellow Loam in a Case of "Red Eczema"	77
<i>Belladonna</i> in the Delirium of Acute Tuberculosis	146
Blowing Hot and Cold	488
Bread Reform and Food Receptions	416
British Homœopathic Congress, 1885 ..	339
British Homœopathic Society ..	198, 340, 492
British Homœopathic Society, Meetings of	266, 313, 551
British Medicinal Plants	120, 171
Brunton, Dr. L., on Homœopathy	388
Burnett's (Dr.) Farewell	145
Burns, Sprains, etc., Treatment of	487
 Cairns, Karl, Death of	199
<i>Calomel</i> in Treatment of Pneumonia	340
Carboluria, Dangerous Case of	351
Case of Aneurism of Thoracic and Abdominal Aorta, with Valvular Disease of the Heart, relieved by <i>Lycopodium</i> , and greatly relieved by <i>Baryta Carbonica</i>	9
Cases from Practice. By T. Simpson, M.D.	402
Cheloid—A Case Cured by <i>Silica</i>	356
<i>Chimaphila</i> for Anuria	124
China, Homœopathy in	410
<i>Chionanthus Virginica</i> —Fringe Tree ..	121
 Cholera Debate, Another	197
Clinical Cases: Acute Gastritis—Diphtheria	28
Clinical Notes. By Alfred Pullar, M.D. :	
Neuralgia	206
Pertussis	207
Headache	208
Clinical Notes. By T. E. Purdon, M.D.	111
Clinical Otology. By Henry C. Houston, M.D.	520
Clinical Recor., London Homœopathic Hospital	258
Cocaine as a Local Anaesthetic	149
Cocaine, The Hydrochlorate of. By C. H. Vilas, M.D.	156
Codes, Battle of the	195
Cold-Bath Treatment of Pyresis in Germany, Decline of	487
Cold-Water Treatment, The	493
Contribution to the Pathogenesis of Orange Blossoms	119
Correction	243
 CORRESPONDENCE—GENERAL AND SPECIAL :—	
A Cry from the Wilderness of Official Medical Ignorance	139
A Naja Case	565
An Appeal	426
Aix-les-Bains	409
Birmingham	221, 271, 308, 406
Case of Vaccinosis cured by <i>Thuja</i> 1 ..	143
China	468
Dr. Dunn's <i>En Voyage</i>	44
Dr. Hughes's Accuracy as a Teacher of Homœopathic Materia Medica ..	40
Dr. Moir's Paper on "Eye-Cases"—Corrections	335
Dr. Proctor on the Thirst Symptom of <i>Arsenicum</i>	232
Dr. Simpson on the Importance of the Simillimum	42
Dr. De Noé Walker on Homœoprophylaxis	46
Dr. De Noé Walker on the Thirst of <i>Arsenicum</i>	137
Efficacy of the High Potencies	189
Homœopathic Dispensaries in Glasgow	382
Letter from Dr. Dudgeon	332
" Dr. Hughes	93
" Professor Lilienthal ..	92
" Dr. Gustavus Proell	45
International Homœopathic Congress, Brussels, 1886	188
Liverpool	223, 273, 408, 517
" "Lymph or Pus?"	47
Melbourne, Australia	467

	PAGE
CORRESPONDENCE—continued :—	
New York	359, 554
New Zealand	556
Pasteur and Ferrat	424
Progress of Homœopathy	138
Results of Electro-Homœopathy	479
Room for Improvement Still	334
<i>Spigelia Anthelmia</i> : A Caution	476
The Annual Homœopathic Congress	423
The Riviera	525
Wriggling as a Fine Art	140
Culpable Stupidity	490
Dangerous Case of Carboluria	351
Decline of the Cold Bath Treatment of Pyrexia in Germany	487
Diabetes, A New Remedy for, <i>Syzygium</i>	69
Diabetes, <i>Syzygium Jambolanum</i> in	206
Dietetics	227, 379, 380, 381, 423
Dispensaries, Provident, for Homœopathic Treatment	297
Distilled Water in Calculous Disorders	380
Dog Bites and Snake Poison	540
Dr. Clarke's Address	193
Dr. Dudgeon's Apology for the New Materia Medica	162
Dr. Hughes	538
Dr. Lauder Brunton on Homœopathy	388
Dr. Maffey on Nursing	471
Dr. Pope—A Photographic Portrait	296
Drug Pathogenesis, The Cyclopaedia of	305, 353, 457
Dudgeon, Dr., on the Cold Water Treatment	493
Educational Value of Provident Dispensaries for Homœopathic Treatment, The	297
Electricity as a Wet-Nurse	124
Emergencies—Euthanasia	31
Erythromelalgia	526
Freethought in Medicine	106
French Academy of Medicine, Prize	294
FROM ABROAD :—	
America	274, 364
Belgium	277
France	276, 368
Germany	363
Homœopathy in China	410
Melbourne, New Homœopathic Hospital	518
Glycerine, Vapour of, for Cough	421
Good Cheer for High Dilutionists	440
Hahnemannian International Association, Fifth Session	173
Hahnemann Medical College, Chicago	198
Heart Case relieved by <i>Lycopodium</i> and <i>Baryta Carbonica</i>	9
<i>Hepar Sulph.</i> in Vaccinal Blood Poisoning	209
Homœopathic Dispensaries in Glasgow	382
Homœopathic Dispensary, Norwich	477
Homœopathic Hospital, New, in Liverpool	2
Homeopathic Hospital, New, in Mel bourne	518
Homeopathic Medicines? What are they?	537
Homeopathic Pharmaceutical Association of Great Britain	270
Homeopathic Provident Dispensaries, Educational Value of	297
Homeopathic Statistics	243
Homœopathy in China	398
Homœopathy in Great Britain — An American View	542
Homœopathy in Tasmania	439
Homœopathy, Influence of, and its Present Position	252
Homœopathy, The British Journal of	241
Homœopathy, The History of	487
Homœoprophylaxis, Dr. De Not Walker on	46
Homœoprophylaxis, Further Remarks on	118
Hospital, New Homœopathic, in Liver pool	2
Hot Water as a Beverage, The Uses and Abuses of	34
How to Change the Bedclothes	473
How to Feed Patients	418
Hydrochlorate of Cocaine in Aural and other Cases. By H. C. Benning, M.D.	154
Index Medicus, The	295
Infant Feeding in Illness	379
International Hahnemannian Association—Fifth Annual Session	173
<i>Iris Vericolor</i> , Notes on	125
Interpretation of Pathogenetic States and Therapeutic Facts	443
Jequirity in certain Skin Diseases	427
Knee-Jerk in Diabetes	430
Linseed Tea	295
Literary Notes and Notices	280, 377, 471
LITERATURE :—	
A Cyclopaedia of Drug Pathogenesis	229
A Lecture on Homœopathy. By C. Wesselhoft, M.D.	562
A Repertory to Eczema	231
A Treatise on the Decline of Man hood. By A. E. Small, A.M. M.D. Third Edition	414
American Medicinal Plants. By Dr. Millspaugh	280
Arndt's System of Medicine	319, 372
Causes and Prevention of Blindness. By Dr. Ernst Fuchs	411
Chart of Tumours. By G. F. Shears, M.D.	523
Chemists' and Druggists' Diary, 1885	37
Die Heilung des Staates auf Arzneilichen Wege (Curability of Cata ract), by Dr. Burnett. In German, by Dr. H. Gouillon	37
Diseases of the Ear. By C. F. Sterling, M.D.	277
Disease of the Nares, Larynx, and Trachea in Childhood. By T. Nichol, M.D.	277

	PAGE
LITERATURE—continued:	
Haven's Shorthand Chart	523
History of Homeopathy. By Wilhelm Ameke, M.D. Translated by A. Drysdale, M.B.	559
Homeopathy in its Relation to the Germ Theory. By R. M. Tooker, M.D.	469
Intermittent Fever. By H. C. Allen, M.D.	279
Iodide of Arsenic in Heart Disease .	87
Keene and Ashwell's Physicians' Diary and Case-Book	37
Keene and Ashwell's Diary, 1886.	563
Linseed Poultice as a Cause of Asthma.	316
Literary Life of Constantine Hering	374
Malvern as a Health Resort. By Walter Johnson, M.B.	412
Nursing as a Profession. By John H. Clarke, M.D.	470
Periodic Drug Disorders. By L. Salzer, M.D. Part I. (General and Febrile)	561
Spinal Deformity. By Dr. Roth....	320
The Abdominal Brain. By Leila G. Bedell, M.D.	419
The Homeopathic Physician's Visiting List and Pocket Repertory. By Dr. Faulkner	564
The Path to Health is the Footpath	86
The Position of Therapeutics. By H. Nankivell, M.D.	563
The Prescriber. By John H. Clarke, M.D.	470
The Story of a Great Delusion in a Series of Matter-of-Fact Chapters	86
The Treatment of Diphtheritic Croup. By Dr. Jousset	322
The Treatment of Writer's Cramp. By Dr. Roth	321
Visiting List and Prescription Record, Perpetual.....	564
London Homeopathic Hospital—A Case of Meningitis	302
London Homeopathic Hospital—Case of Spastic Spinal Paralysis	465
London Homeopathic Hospital—A Case of Tonic Spasm of the Muscles of the Fore-arm cured by <i>Gelsemium</i>	401
Long Retention of Foreign Body in the Nares.....	148
<i>Lycopodium</i> , Accident with	481
Malt as a Food. By J. M. Fothergill, M.D.	227
Malignant Pustule Cured by <i>Silicea</i>	442
Materia Medica, The New, and its Critic	98
Materia Medica, Physiological and Applied	439
Materia Medica, Revision of the.....	249
Materia Medica of the Future, The	71
Materia Medica, Dr. Dudgeon's Apology for the New.....	162
Medical and Surgical Works, List of	239, 287, 335, 388, 431, 480, 527, 567
Medicine, Freethought in	106
Melancholia, A Case of	126
Meningitis, A Case of	302
<i>Mercurius Corroborans</i> in the Hands of the Allopaths	483
Militant Homeopathy	546
More Stupidity	491
M. Pasteur	541
Mr. Archibald Fry on the Medical Relief Clause	296
Names	492
Nares, Long Retention of Foreign Body in the	148
New Homeopathic Hospital in Liverpool—What the Press say about it....	2
New Preparations and New Inventions—	
Pure Concentrated Cocoa	420
Hofmann's Perfected Pessary	420
Nitric Acid, Poisoning by	69
Nocturnal Incontinence of Urine cured by <i>Belladonna</i>	369
Norwich Homeopathic Dispensary	477
Norwich, The Congress at	508
Notes by the Way	454
Notes....	197, 246, 291, 339, 392, 437, 487, 587
Notes on <i>Iris Versicolor</i>	125
Nursing as a Profession	323
Nursing, Dr. Maffey on	471
Nursing, The Science and Art of	378
Nurses, Training of, in Australia	419
OBITUARY:	
Cairns, Right Hon. Earl.....	235
Chepmell, Dr. E. C.	422
Guernsey, Dr. H. Newell	477
Lippe, Dr. Constantine	91
Mary Dunn	331
Selborne, Countess of	235
Stokes, Dr. Adrian	89
Veith, Johann Elias	178
Obstinate Constipation, a Case cured by <i>Natrum Muraticum</i> and <i>Magnesia Muratica</i>	54
On the Diagnosis of Ulceration of the Stomach. By John D. Hayward, M.D.	547
On the Interpretation of Pathognomic States and Therapeutic Facts	443
Orange Blossoms, Contribution to the Pathogeny of	119
Pediatric Aphorisms	429
Pasteur and Ferran	341
Pearce Fund, The	112
Phthisis, On Treatment of Pretubercular and Advanced	23
Plants, British Medicinal	171
Plover's Eggs	423
Poisoning by Nitric Acid	69
Presentation to Drs. Drysdale, Dudgeon, and Hughes	199, 261, 295
Pretubercular and of Advanced Phthisis Pulmonalis by the Mullein Plant, On the Treatment of	23
Pride, Prejudice, and the Progress of Homeopathy in America	342
Proctor's (Dr.) Objections to Vaccination	200
Provisions and Poisonings	316
<i>Amyl Nitrite</i>	225
<i>Antipyrin</i>	226
Psychosis and Carcinoma	84
Purpura	492
Purpura Hemorrhagica	488
Railway Guards with Surgical Training	431

PAGE	PAGE
Recent Pathology in its bearing on Scientific Therapeutics.....14, 55	
"Red Eczema," <i>Belladonna</i> in a Case of 77	
 REPORTS OF INSTITUTIONS :—	
Bath Homeopathic Hospital	179
Bread Reform League	330
Bristol Homeopathic Hospital and Dispensary	37
Calcutta Homeopathic Charitable Dispensary	525
Chester Free Homeopathic Dispensary	416
Croydon Homeopathic Dispensary	186
Eastbourne Homeopathic Dispensary	88
Glasgow Homeopathic Dispensary	330
Hastings and St. Leonards Homeopathic Dispensary	134
Homeopathic Hospital, Christmas Tree at	77
Hahnemann Convalescent Home and Dispensary, Bournemouth	237
London Homeopathic Hospital 329, 415	
London Homeopathic Hospital, Dramatic Performance on behalf of ..	88
London Homeopathic Hospital and Medical School	281, 524
London Homeopathic Hospital and School, Notes of	236
Melbourne Homeopathic Hospital ..	474
North Wiltshire Homeopathic Dispensary and Provident Institution ..	382
Oxford Homeopathic Medical Dispensary	135
Scarborough Homeopathic Dispensary	187
Society for the Prevention of Blindness	283
Sussex County Homeopathic Dispensary	238
Torquay Homeopathic Dispensary ..	136
 Sanitary Assurance Association	395
Sectarians and Sentimentalists	80
Sepia Succus. By Dr. Dudgeon.....	211
Short Notes, Answers to Correspondents, etc., 47, 95, 143, 181, 240, 288, 336, 384, 452, 480, 527, 567	
Snails and Mussels as Food	132
<i>Spirea Ulmaria</i> in Enlarged Prostate and other Diseases	33
Spurious Homeopathic Preparations	488
Stomach, Diagnosis of Ulceration of the 547	
<i>Syzygium Jambolanum</i> in Diabetes	205
 Tænia, Fifty Cases of	417
 Tasmania—A Practitioner Wanted	566
Taxation of Charity, The	439, 490
That Glioma	49
The American Observer	438
The Battle of the Codes	195
The British Medical Association and Homeopathy	394
The Cholera	341, 435
The Cold-Water Treatment. By Dr. Dudgeon	493
The Depths of Allopathic Ignorance	439
The Educational Value of Provident Dispensaries for Homeopathic Treatment	297
The Faith Cure	478
The History of Homœopathy	487
The <i>Homœopathic Journal of Obstetrics</i>	438
The Homœopathic Pharmaceutical Association	526
The Influence of Homœopathy on the General Practice of Medicine. By Dr. A. Clifton	252
The <i>Materia Medica</i> of the Future	71
The New <i>Materia Medica</i> and its Critic	98
The New Anæsthetic — Cocaine as a Local Anæsthetic of the Genital Mucous Membrane	149
The New British Pharmacopœia	489
The Norwich Congress	392, 508
The Proposed Washington Congress	441
The Rising Tide	385
The Salisbury Steak	331
The Small Dose	438
The "Tolerant Spirit" of the British Medical Association	395
Tobacco of Commerce	129
Tonic Spasm of the Muscles cured by <i>Gelsemium</i>	401
To Our Supporters	529
Torquay	116
Toys for the Children's Ward	439
Treatment of Burns, Sprains, etc.	487
Typhoid Fever, an Experience	502
 Uterus, Intramural Fibroid of, and Tumour—Recovery	256
 Varietias	239, 236, 427, 526
Volume XX., 1885	1
 "What are Homœopathic Medicines?"	337, 537
White of Egg in Obstinate Diarrhoea	381
White Jessamine, Proving of	317
"Wier-Mitchell" Treatment, The	289

THE
HOMŒOPATHIC WORLD.

JANUARY 1, 1885.

VOLUME XX., 1885.

WITH the New Year 1885 we enter upon our Twentieth Volume, and hence we have a double duty to perform. We congratulate the many friends of the *Homœopathic World* all over the globe on the very respectable journalistic age to which the paper has attained, and venture to express a hope that it will live to celebrate its fiftieth year, and that we may be there to see it.

From this congratulation we pass on to the customary annual editorial thanksgiving to our subscribers and contributors, reminding them one and all that if they wish the *Homœopathic World* to go on prosperingly in its beneficent and light-bringing career, they must continue their generous help, and that increasingly.

We want more contributors and more subscribers, and we therefore ask freely and frankly that our friends take the very small trouble of bringing our journal under the immediate notice of all interested in our great reform.

We are holding our own, and that is all; we are hardly advancing: we feel chilled by the mountain-high indifference of so many of the British homœopaths, who look on at the battle from afar as if it were no concern of theirs. This is, however, not applicable to many of the laity, who do by far more for Homœopathy than professed homœopathic practitioners, because they are not bound by prejudice to the same hopeless degree, and of course professional jealousy is with them out of the question.

We wish our many friends and enemies a very happy New Year, and beg to call their particular attention to the princely gift of £10,000 for a homœopathic hospital for Liverpool.

NEW HOMŒOPATHIC HOSPITAL IN LIVERPOOL; WHAT THE PRESS SAY ABOUT IT.

HOMŒOPATHY is probably stronger in Liverpool than in any other city in Europe. We have seen a good many dispensaries in various parts of Europe, but the Hardman Street Homœopathic Dispensary in Liverpool is far away the most important with which we are acquainted.

From the *Liverpool Mercury* we quote the following:—

“To the Editors of the *Liverpool Mercury*.

“Gentlemen,—As chairman of the Committee of the Homœopathic Dispensary, may I ask the favour of an insertion of the following letter from Mr. Henry Tate, which, at the earnest request of the committee, he has reluctantly allowed us to ask you to make public? The publication of the letter may assist us in obtaining funds for the permanent support of the hospital.—Yours truly,

“ALFRED CASTELLAIN.

“St. Anne’s Road, Aigburth, Dec. 15, 1884.

“Park Hill, Streatham Common, London,
6th November, 1884.

“Dear Dr. Drysdale,—I have much pleasure in informing you that I have bought the land in Hope Street bounded by Hope Place on the north and Rice Street on the south, upon which I intend to carry out a long-cherished idea of building a hospital, in which the poor may be treated homœopathically, and in accordance with the most advanced principles of medical science. My long connection with the management of the homœopathic dispensaries in Liverpool, where I have been an eye-witness of the good done to so many thousands of the poor, together with the benefits my family and myself have derived, have induced me to take this step. I have a great wish that the poor in Liverpool should enjoy the advantage of a hospital such as is possessed by many other large towns, where they may be treated homœopathically, and also that a fair comparison may be afforded between the cases treated in this hospital and those treated in the hospitals where the allopathic system is still adopted; and so in this way I hope the cause of medical science may be advanced.

“The outlay I propose to make on building and furnishing, and including cost of land (which you will be glad to know is of sufficient area to admit of considerable extensions to the hospital in the future), is £10,000. As regards the

building, the first business will be to find a recently-built hospital that we can take as a model, making such improvements upon it as may be desirable.

"I understand from Dr. Hayward that the homeopathic doctors of Liverpool are willing to take the hospital under their care, as far as the medical treatment of the patients is concerned. Thinking, as I do, that each generation should support its own charities, I do not intend to endow this hospital. Work, therefore, cannot commence until subscriptions and donations amount to the estimated annual expenditure. But I am sanguine enough to believe that the funds necessary for maintaining such an institution will be readily forthcoming from the very large number of people in Liverpool and the neighbourhood who have benefited by the method discovered by Hahnemann, and since developed with such signal success in this and other countries.—I am, yours truly,

"HENRY TATE."

The Editor says:—"In another column we publish the text of the letter in which Mr. Henry Tate announces his noble gift of £10,000 for the purpose of erecting in Liverpool a hospital exclusively devoted to the homœopathic treatment of disease. That there is a pressing need for such an institution is amply shown by the work done in the homœopathic dispensaries of this city, the first of which was opened upwards of forty years ago. The record of their operations is one of constant increase in the number of patients seeking alleviation of their ailments. Last year the number of attendances was no fewer than 78,953, whilst during the present year they have been even more numerous, necessitating an extension of the hours during which the dispensaries are open. Whatever difference of opinion may exist in the medical profession as to the precise value of Hahnemann's method of treating disease, it is beyond all question that the popular faith in its efficacy is rapidly spreading, while the number of homœopathic practitioners is steadily increasing. Personal experience counts for everything in such matters, and when we find Homœopathy being so widely depended upon, we may be sure that its merits are greater than the allopathic school have been willing to admit. Mr. Tate's generous offer is itself a result of the benefits he and his family have derived from this system of medical treatment, coupled with the experience he has had of its virtues during

the thirty years he has been associated with the management of the local dispensaries. The lack of hospital accommodation has been found a great drawback in giving the system a thorough trial in Liverpool, for it has been necessary to send hospital cases to institutions where only allopathic treatment is practised. This want will only be partially met by Mr. Tate's munificent gift. He undertakes to erect and furnish the hospital, but the work of providing the funds necessary to cover its maintenance and defray its annual expenses will still have to be faced. At present the income of the dispensaries is only about £1,000. At least three times this amount will be required for the working charges of the new hospital, so that there is pressing need as well as plenty of scope for the support of the benevolent. The committee would no doubt be glad to secure a liberal endowment fund, for it is only in this way that the new institution can be preserved from the constant anxieties and responsibilities that attend an annual subscription list. But at present there is no endowment fund, and they can only appeal for subscriptions to enable them to find the ways and means, when the hospital is completed, for defraying all its working expenses, and these, as we have said, will amount to not less than £3,000 a year."

From the "Liverpool Courier," December 12, 1884.

The public of Liverpool will learn with satisfaction of another act of munificence on the part of Mr. Henry Tate, of Liverpool and Streatham, Surrey. Having experienced in himself and his family the benefits of medical treatment on the homœopathic principles, Mr. Tate has announced his intention to erect and furnish at his sole cost a building to be used as a Homœopathic Hospital for the free use of the public. A central and convenient site has been secured on the plot of land in Hope Street, lying between Hope Place and Rice Street. On this site will be erected, without loss of time, a spacious and well-appointed hospital, which, so far as the homœopathic system is concerned, will be the most complete yet established. The arrangements for carrying out Mr. Tate's splendid generosity have been given into the hands of the Committee of the Homœopathic Dispensary, who are now considering the details. We understand that Mr. Tate's present gift represents a money value of over £10,000, and this munificent donation—coming after his many other rich

aids to education and charity—makes Mr. Tate a generous benefactor, to whom the citizens of Liverpool have every reason to feel grateful. The unostentatious manner of his benevolence is not by any means the least merit of Mr. Tate's practical philanthropy.

The munificent gift of Mr. Henry Tate, announced in another column, marks a new epoch in the history of Homœopathy in Liverpool. In the early period of its existence the Hahnemannian system encountered great opposition ; its practitioners had to endure much opprobrium and many flouts and sneers ; but they have survived all these, and now have the satisfaction of knowing that their system is firmly established, and has been adopted by persons in all ranks of society. It has passed the stage of being merely a fashionable craze or hobby, and however much it may be derided by the followers of the orthodox school of medicine, there is no doubt that it has obtained and maintains a hold upon the faith of an ever-increasing number of adherents. The practitioners who make use of the "infinitesimal dose" are much more numerous in our large towns than they were a few years ago ; and a tangible evidence of the extent to which Homœopathy is practised is afforded by the fact that the vending of its medicines is not confined to a special class of chemists, but has been adopted as a lucrative branch of business by many of the ordinary chemists. It is hard to conceive that such success should have attended the movement if those who followed it were the charlatans which their opponents allege. There must surely be "something in it," or it would have died out ere now, and been consigned to the limbo of exploded quackeries.

It is now forty-six years since Homœopathy was introduced into Liverpool by Dr. Epps, who in 1838 delivered a course of lectures explanatory of Hahnemann's theory of *similia similibus curantur*. At that time there was no resident homœopathic doctor in the town, and it was not until 1841 that one settled here, the honour of being the first of the school to practise in Liverpool belonging to Dr. Drysdale. In the same year a dispensary was opened for consultation purposes in Harford Street, Mount Pleasant, but it was not until thirteen years later that house surgeons were appointed and patients attended at their own homes. In the meantime Dr. Drysdale had been followed by Dr. Chapman, a gentleman of scholarship and ability, by Dr. Norton and Dr. Hilbers, while their ranks were strengthened by the con-

version of two of the old-school doctors—Dr. John Moor, who in 1848 renounced Allopathy and became a follower of Hahnemann, and Dr. Roche, who has since removed to Norwich. In 1854 there came to the town Dr. Hayward, who appears to have been converted to Homœopathy by witnessing its wonderful curative effects during an epidemic of cholera in Glasgow, where he was then in practice. The new practitioners have gone on increasing in number, and while many have removed to other places there are now nearly twenty avowedly homœopathic doctors in Liverpool, besides others in the neighbouring towns of Birkenhead and Southport. Strong opposition to the new practitioners was manifested by the local allopaths, not, it is said, entirely on their own initiative, but rather owing to the pressure put upon them by their brethren in London. In 1859 the followers of Homœopathy were refused membership of the Medical Institute, and a law was passed, which has never been repealed, excluding all future homœopaths from membership.

Being cut off from association with the rival practitioners, the homœopaths founded the Liverpool Homœopathic Medico-Chirurgical Society, which holds meetings monthly for the reading and discussing of papers on subjects of practical interest to the profession. These meetings are occasionally attended by allopaths, some members of which school are not above "imitating the homœopathic method and appropriating the homœopathic medicines," while they at the same time subject its avowed exponents to social ostracism. The society has numbered amongst its members many men of ability, some of whom have attained eminence in their profession in other towns, and the subjects discussed have been of a varied character. One especially may be mentioned, in view of the recent alarm about cholera, and the fears that are entertained that the dread scourge may visit our shores in the not far distant future. It was a paper read at a meeting in November, 1866, by Dr. Proctor, which stated that in August of that year, in the midst of an epidemic of cholera, a dispensary was established in Athol Street. There were there treated 156 cases of choleraic diarrhoea, 83 of spasms, and 14 of dysentery, without a single death occurring, and 99 cases of true cholera, of which only 14 proved fatal. Eleven of the fatal cases were in a state of collapse when first seen, and four had secondary fever; while seven of the cases that recovered had secondary fever, and one case recovered after

the extreme restlessness and gasping, which are usually fatal signs, had supervened. The society in 1877 had extended to it by the other scientific bodies of the town the right hand of fellowship, being invited to join them in the associated gatherings which form such an attractive annual reunion in St. George's Hall.

A notable period in the history of Homœopathy in Liverpool was reached when, in 1860, the new dispensary in Hardman Street was built, and received civic recognition, being placed on the town list of assisted charities, and receiving the patronage of each successive occupant of the mayoral chair. A few years later a branch dispensary was opened in Roscommon Street, and some idea of their usefulness may be gathered from the fact that during the past year between 70,000 and 80,000 cases were dealt with at the two institutions. For some time past the need of a hospital for the treatment of patients on exclusively Hahnemannian principles has been keenly felt, and now, thanks to the generosity of Mr. Tate, is on the point of being supplied. Already a site has been procured in Hope Street, having three frontages—to Hope Place, Hope Street, and Rice Street—on which Mr. Tate proposes, at his sole expense, to build the hospital, which he will also furnish, so that before very long a building will be erected which will serve as a lasting memorial to one who has gained his wealth in our midst, and has experienced the benefits of the mode of treatment which he desires to perpetuate and to be shared by his less favoured fellow-citizens. The value of the hospital can hardly be overestimated. It will afford to patients the opportunity of being treated in a manner which is frequently impossible in their own homes, and to medical students that experience which is denied them in other institutions if they avow their intention of joining the heterodox school of medicine. The results of the working of the new institution will be watched with interest, as by it a means will be given of contrasting the results of the treatment adopted by the two opposing systems in a degree not attainable under present conditions. But to ensure successful working it will be necessary for Mr. Tate's munificence to be supplemented by an endowment fund. There should not be much difficulty in establishing such a fund, if those who like Mr. Tate have experienced the benefits of Homœopathy are like him actuated by a spirit of gratitude.

From the "Evening Express," December 12, 1884.

The generous gift which Mr. Henry Tate has announced his intention of presenting to Liverpool will bring the question of the homœopathic treatment of disease before the local public more prominently than ever. To the lay mind the antagonism between allopathists and homœopaths is quite inexplicable. Both are curative systems of tried efficacy, the one the outcome of many centuries of experience, the other the product of a daring and in countless instances successful generalisation. That there should be any need of such an institution as that which Mr. Tate has so liberally determined to provide says much for the cautious conservatism, but not so much for the elasticity of mind of the accomplished practitioners of the orthodox school. Something of this continued reprobation of a system which, whether truly scientific or not, has a strong argument from proved success in its favour, is no doubt due to the followers of Hahnemann themselves. Like most professors of a new theory, they failed to make sufficient allowance for the very necessary and praiseworthy hesitation felt by the older school in the face of an entirely new departure in medical theory and practice, and have at times displayed a mental arrogance ill-becoming a very juvenile school in the face of the adherents of a system tracing its pedigree back through Galen and Hippocrates up to Æsculapius, the healing god, himself. No art, perhaps, has made greater strides within the lifetime of men now living than that which combats disease and repairs injuries to the tissues. The running about the world made possible by the discoveries of steam and electricity has mightily increased men's knowledge, and the comparatively limited pharmacopœia of the commencement of the present century has undergone an enlargement surpassing that of many previous centuries. Why, then, should it be necessary that the special method of treatment, the particular selection of drugs, known as the homœopathic system, should constitute a school apart, and require an altogether separate institution for its practice and study? Were it mere quackery the continued hostility of the orthodox school would be comprehensible and justifiable. That it is not so the great success attendant on it, particularly in certain departments in which Allopathy has proved very much the reverse of infallible, must surely be sufficient to establish. Mr. Tate's belief in it, founded upon his own experience, is evidently utter and profound, and since it has taken a shape so bene-

ficial to the populace of this great city, we can only trust that his noble example will raise up a host of imitators, who will support and extend the usefulness of the institution he has determined to provide.

CASE OF ANEURISM OF THORACIC AND ABDOMINAL AORTA, WITH VALVULAR DISEASE AND HYPERTROPHY OF THE HEART, RELIEVED BY LYCOPODIUM, AND GREATLY RELIEVED BY BARYTA CARBONICA.

By JOHN H. CLARKE, M.D., Physician to the London Homeopathic Hospital, and Lecturer on *Materia Medica* to the Medical School.

THE power of Homœopathy to give immense relief, almost amounting to cure, in cases of the gravest organic disease, is strikingly illustrated in the following case. The patient was a labourer, thirty-six years of age. When he first came to me he had been incapacitated from work for sixteen months. He complained chiefly of pains about the chest. There was found to be a large aneurism springing from the arch of the aorta and extending into the right side of the chest, and another, smaller one, from the upper part of the abdominal aorta. There was also extensive valvular disease of the heart and hypertrophy.

He first received *Lyg.* 6, two drops three times a day. This was continued for a fortnight. There was improvement in the symptoms at first, but as he then seemed at a standstill I changed the prescription to *Baryt.-Carb.* 3x, three grains three times a day. I was led to give this medicine in this form by the success of Dr. Torry Anderson in a case reported by him a short time ago. I have given the same medicine in higher attenuations, and also *Baryta Muriatica*, in similar cases, but without encouraging success. The prescription was amply justified by the result in this instance. The patient improved steadily, and when he last came to see me was trying to get some light work. He said he felt better than he had done since he was first taken ill; he could see better; the pupils were equal, and responded equally to light. The size of the thoracic tumour, as indicated by percussion, was diminished. The power of *Baryt.-Carb.* over the heart and arteries is suggested by the following symptoms taken from Allen: "Violent long-lasting palpitation." "Palpitation of the heart when lying on the left side." "A fulness

in the chest with short breathing, especially on ascending, with stitches in the chest, especially on inspiration." "Dull stitches under the sternum, deep in the chest, followed by a bruised pain at that spot." "*Throbbing in the back and severe pulsation during rest.*" "Great weakness; can scarcely raise herself in bed; if she does, the pulse immediately becomes rapid, jerking, and hard, and after several minutes scarcely perceptible." "In the morning at eight, suddenly feels as if the circulation ceased; a tingling in the whole body extends into the tongue and the ends of the fingers and toes, with anxiety for fifteen minutes; then feels deathly tired."

The sphygmograms show increased resiliency of the arterial walls under treatment.

James F., thirty-six, labourer, short, squarely built, fair; admitted June 27, 1884. He complained of pain in the lower part of the chest, and some headache. Never had rheumatic fever. Fifteen years ago had chancre, but no secondary symptoms. Has had good health otherwise. Four years ago had giddiness for a month; never giddy since. About sixteen months ago had pain in the loins and hips on getting up in the morning. He gave up work in consequence. Two months ago felt tightness in both hypochondria, and gnawing and shooting pains; in the epigastrium he had a great pain, as if something was stuck through him. Then he went into St. Thomas's Hospital. He was there five weeks, but got no good. He then went to work, but the pain came on again. The pain was now just at the level of the mammae. Occasionally the pain got easier in front and then came behind. The pain was aggravated by his work, especially when he stooped. He never fainted; did not suffer from headaches. Has always taken food pretty well, but gets pain after it. This very often causes him to vomit, especially the last two months. The pain makes him restless in bed, can't be easy; used to lie best on right side. Gets short of breath when the pain comes on, and on exertion. Lately the pain has been worse on the right side, with a numb sensation down the left arm. No difficulty at all in walking.

Exam.—Pulse very collapsing; the arteries can be seen to jump and lengthen out; they are tortuous. The recoil is very smart and quick. Arteries not well filled during diastole. Left pulse is slightly delayed, very little, but just enough to be noticeable.

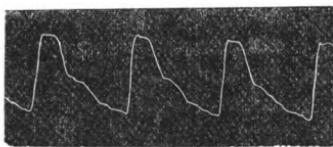
Cardiac dulness reaches to episternal notch, and bulges to the right side for about one inch. The dulness is not much

increased downwards. Apex-beat in nipple line. Expansile pulsation can be felt in episternal notch. Very apparent pulsation in the epigastrium. On palpation there, about three inches below the xiphoid cartilage, and a little to the left side, a pulsating swelling can be felt, and the part is very tender.

In the *mitral area*, systolic and diastolic bruits. *Aortic area*: short and rather rough systolic, heard in the vessels of the neck, and a long blowing diastolic, heard all over the dull area and episternal notch, and continued some distance to the left side in the line of the aortic arch. In the *left auricular area* a systolic bruit is heard. No dulness behind, and no bruit to be made out.

The femoral pulses are equal. No bruit to be made out in them. The following sphygmogram was taken on this day:—

Left, $2\frac{3}{4}$ oz.—Recumbent.



The right pupil often gets very large, but varies a good deal; to-day is the same size as the left. It reacts to light. He has a cough, but not much spit. Nothing abnormal to be made out but the pulmonary signs. When the pain is bad he has some difficulty with his breath. Has been hoarse at times; comes on irregularly. He loses his voice, so that he can hardly speak.

I gave him *Lyc.* 6, gtt. ii. t. d. On the following day, 29th, I made this note:—

Bowels confined, have been for a long time; has had to take opening medicine. Tongue rather coated, appetite fair.

Exam.—Right back duller than left, breathing feebler, increased vocal resonance and fremitus. Bruit audible all down the spine. The spine is not tender. There is a tender spot about the angle of the left scapula, but nothing abnormal is to be heard there. Systolic bruit at apex is not audible to-day.

Water seems to come up after drinking. There is rattling at epigastrium after drinking.

I gave him *Hydras.* ϕ , gtt. iv. in a wineglassful of water night and morning, continuing the *Lyc.*

July 2nd.—Temp. last night 101.2°; this morning 99°. Slept better last night. Pain on right side (hypochondrium) and through to back. A little soreness in epigastrium on swallowing. Bowels moved naturally; pupils equal; no hoarseness.

3rd.—Feels better. Bowels better. Has pain in epigastrium after swallowing. Pains in right hypochondrium if he lies on that side. No pain when he lies on his back.

Exam.—Vertical dulness begins at the lower border of the second rib. Transverse dulness at the level of the fourth costal cartilage from $\frac{1}{2}$ in. to the right, $5\frac{1}{2}$ in. across to the left. At the apex of the right side of the chest there is a dull field extending at a radius of $2\frac{1}{4}$ in. from the right sternoclavicular joint from the right top of the sternum to the clavicle. The right clavicle itself is dull, and the region above. Distinct pulsation in episternal notch and on both sides of it. The pain comes up both sides of the chest from the hypochondriac region.

A systolic and diastolic bruit heard all over the cardiac area, the diastolic loudest at the lower end of the sternum. The normal sounds are completely absent, bruits replacing all.

5th.—No pain at present. Takes food pretty well. Yesterday he drank water to his dinner, and had a good deal of pain. Pupils equal to-day; yesterday the right was the larger.

9th.—Pains not gone, though better than they were. On examining fundus of eye, arteries were seen plainly pulsating. Taking food well.

12th.—Had a good deal of pain the last few nights. Pupils still unequal. Taking food very well. Has not much pain when he moves about.

He was now put on *Bary.-Carb.* 3x, gr. iii. t. d., the others being left off.

Left, 3 oz.—Recumbent.

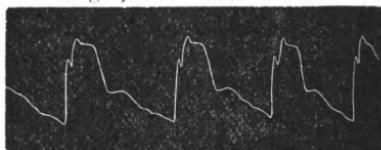


16th.—The pain seems a little better this morning. Is taking food well. Bowels regular.

19th.—Has no pain in the day-time; pains come on at night after lying down.

26th.—The pains are better. He seems better in every way. Pupil has returned to normal size after being larger than left for eighteen days. (After being dilated for examination by atropine.) Takes food well.

Right, 3 oz.—Recumbent.



Exam.—Comparative dulness above right clavicle. The degree of the dulness radiating from the right sterno-clavicular joint is much less, and the extent much less than it was. The corresponding part on the left side gives also a rather flat note. There is still pulsation in episternal notch. Apex beat is not felt. No pulsation felt in scrobiculus cordis. *Mitral area*: first sound not quite pure, followed by a long diastolic bruit. *Tricuspid area*: first sound followed by a loud diastolic bruit. *Aortic area*: rough systolic bruit replacing the first sound, followed by a marked diastolic bruit. *Pulmonary area*: systolic and diastolic bruits.

Posteriorly.—The right side about the upper and inner angle of the scapula is slightly duller than the left. The breath sounds are not quite so loud as on the left side, and the cardiac bruit is more audible. Otherwise the two sides are alike.

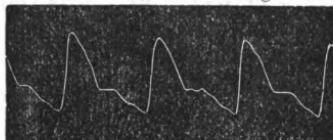
The bruits are audible over the dull area above the right clavicle, and above the dull part; not so loud in the corresponding part of the left chest. The systolic bruit is heard in the carotids.

30th.—Still some pain in the right side, low down in the lumbar region, worse when sitting; not felt at all when walking.

He went home on the 31st, and has been since to see me as out-patient. The improvement has gone on steadily. He is still taking the *Bary.-Carb.*

When he visited me on the 2nd of August I took the following sphygmogram:—

Right, 3 oz.—Sitting.



RECENT PATHOLOGY, IN ITS BEARINGS ON SCIENTIFIC THERAPEUTICS; INVOLVING THE QUESTION—CAN HOMŒOPATHIC TREATMENT WITH INFINITEIMAL DOSES CUT SHORT INFECTIOUS DISEASES DEPENDENT ON LIVING GERMS?

A PRESIDENTIAL ADDRESS.

By J. W. HAYWARD, M.D.

GENTLEMEN.—It is my privilege to welcome you to-day to the fourteenth of our second series of the British Homœopathic Congresses. I do so very cordially, and for several reasons. Amongst others, for mutual encouragement in the fulfilling of our duty as trustees of the homœopathic doctrine and method; for mutual professional profit; and for mutual social pleasure. And I also bid you welcome to this meeting, because we are, by being excluded from the British Medical Association, denied our rights of sharing in the annual gatherings of the profession to which we belong.

Thanks, however, to the revelations of science and the teachings of clinical experience, which are continually furnishing fresh evidences of the truth and wisdom of our doctrines, bitter persecution by our colleagues of the old school is being replaced by that sincerest form of flattery—imitation. Our method is being adopted and our material appropriated to an extent that would be most gratifying to us were our colleagues sufficiently honourable to admit the source of their newly-acquired therapeutic knowledge and means. Surely, under the circumstances, the ban of exclusion cannot be much longer maintained! But whether it can or not, let us continue to exhibit towards our colleagues a strictly honourable and professional bearing.

Since our last meeting, owing to their numbers and leisure, and by means of their monopolising the privileges of the profession in the shape of University, Collegiate, Hospital, and Government appointments, the members of the old school of this country have made considerable progress in surgery and pathology; and some little in medicine also. In medicine, two main features have been predominant —viz., eager pursuit of living germs as the cause of disease, and desultory pursuit of the physiological effects of drugs; the latter by crude experimentation in imitation of our provings, which they had previously ridiculed.

In the new school we have had to mourn the loss of two of the veterans of medical reform—viz., Dr. Hilbers, whose strong intellectual and sympathetic social faculties commanded respect for Homœopathy wherever he went; and Dr. Madden, to whose high moral and intellectual endowments both the literature and practice of Homœopathy are greatly indebted; and whose address, as president of the Congress at Oxford, was, to my mind, one of the most convincing expositions of the scientific basis of Homœopathy that has appeared in any language. These are some of our losses; what are our gains? Let us hope that their places are being filled by recruits worthy to occupy them—men who will feed the homeopathic cow as well as milk her. Let our young men look to it that they be not drones, or mere sponges, but worthy followers of the great men that have gone before, even though their being so should call upon them to render some sacrifices at the shrine of professional honour and duty.

The chief progress amongst ourselves has been, as it ever should be, in *Materia Medica* and *Therapeutics*. These are, in fact, peculiarly our sphere. To us, indeed, is committed the perfecting of these branches of our profession. And it is, therefore, very proper that much time and attention have been given to the subject of *Materia Medica*, not only in this country but also in America and France.

The first thing required by the preparers of a suitable *Materia Medica* is, of course, a collection of pure pathogenetic material in the form of poisonings and provings, shorn of all redundant and doubtful matter, as proposed by Dr. Hughes and adopted by the British Homœopathic Society. And it will have been observed by the notice in the *Monthly Homeopathic Review* that the “Bureau of *Materia Medica* and *Provings*” of the American Institute has joined the British Homœopathic Society in an attempt to make such a collection, which is to be issued in parts, free to the members of the two societies, under the title of “A Cyclopædia of Drug Pathogenesis.” This cyclopædia will be of great value to the medical student in studying the physiological action of drugs; but it will not meet the requirements of the medical practitioner in his daily work of prescribing, because unprovided with any means of practical application; and it will be no substitute whatever for the *Materia Medica*, properly so called. It will, however, serve for all future time as a trustworthy source of drug effects from which those engaged in setting forth these effects in forms convenient for

the use of practitioners as well as students may draw reliable, and perhaps otherwise inaccessible, material. It will also have been observed by a review in the last number of the *British Journal of Homœopathy*, that in France a volume of *Materia Medica* has been published under the editorship of Dr. Jousset. This, also, though not without value, falls far short of what is required. In our own country, in accordance with the arrangements come to at the Edinburgh Congress, our efforts have been directed to the preparing of a *Materia Medica* adapted to the wants of both student and practitioner. For the *student* the pathogenetic material has been presented in the original poisonings and provings, merely shorn of all redundant and doubtful matter, with critical and explanatory comments on the general and topical action of the drugs; and for the *practitioner*, a register of the effects on the various organs and regions of the body has been constructed, with indexes, and with references to the lines of the poisonings and provings, to enable him without difficulty or loss of time to find any particular symptom, with all its natural relationships; and added to these are therapeutic hints, comments, and clinical confirmations. A specimen volume has been published displaying several samples, and this, it is hoped, our practitioners will purchase and use; and it is desired that they will give the compilers the benefit of their criticisms for future guidance. It is probable, therefore, that before long a *Materia Medica* will be forthcoming that will not only serve the purposes of the student and practitioner of the new school, but will also command the respect and acceptance of the student and practitioner of the old school. Dr. Hughes will, to-day, ask for your opinion on this "*Materia Medica of the Future.*"

At the present stage of the reformation in Medicine it is unnecessary for me, on such an occasion as this, to dwell on the question of what Homœopathy is, or on the grounds of our faith in it, or on its origin, its progress, its truth, or its scientific character; or on the wisdom of using one medicine at a time; or on the necessity, the advantage, or the scientific and practical value of the small dose used in the curing of diseases and the proving of drugs. All these topics have been sufficiently enlarged upon in previous presidential addresses, and have been amply demonstrated in our literature and practice; in fact, they have been so expounded as to have carried conviction to the minds of many of the less prejudiced amongst the adherents of traditional medicine,

and those who have not been afraid to look into our theory and practice. This is seen in the adoption, though secretly, of some of our remedies, and of our mode of applying them. Homœopathy is, in short, leavening the whole lump of the profession, and assuredly becoming the therapeutical system of the future. This absorption of our remedies and mode of practice, together with the abandonment of bleeding, blistering, salivation, and other heroic measures, has lessened the contrast between the old and the new schools, and has so far diminished one of the reasons the public had for preferring the new-school practitioner. Imperfect as this empirical method is, we rejoice to see it, because of the immense benefit rendered to the patient-world by even this mere guesswork Homœopathy. We must, however, remind ourselves that this adoption of crude Homœopathy by old-school practitioners makes it all the more necessary for us to give our patients the advantage of true and scientific Homœopathy; to be careful to keep ourselves familiar with the details of the *Materia Medica* and the practical use of *Repertories*; to be abreast of the science of the day, and equal to old school practitioners in all scientific and even empirical and domestic practical help.

After considering on what subject I might with greatest advantage address you, I have concluded that I should best answer the purpose for which you placed me in this honourable position, and best serve the interests of our profession, by laying before you a few thoughts on the pathological doctrine now occupying the medical mind—viz., the *germ theory of disease*, and its bearings on the treatment of disease, under the title of "Recent Pathology in its bearings on Scientific Therapeutics," putting emphasis on the adjectives "recent" and "scientific."

Pathology and Therapeutics, as such, like Tennyson's *Brook*, "go on for ever," but the views entertained thereon—at least by the majority of the profession—"come and go," and are continually changing. At one time diseases were to be treated with anti-spasmodics, because they were supposed to depend upon spasm of the capillaries; at another they must be met by anti-phlogistics, because inflammation was at the bottom of all morbid processes, and bleeding, purgation, and starvation were the order of the day; at another time tonics must be used in all cases, because asthenia was the root of all disease, and tonics, stimulants, and beef-tea must be poured into the luckless patients,

whether the system could appropriate them or not ; whilst at the present day, disinfectants and germicides, such as mercuric chloride, thymol, benzoate of soda, creosote, benzoic acid, salicylic acid, carbolic acid, eucalyptol, quinine, sulpho-carbolates, hypophosphites, and such like substances are the means to be used, because minute living organisms, or "germs," are credited with being the cause of almost all the diseases that flesh is heir to. And yet, as homeopathic physicians well know, throughout all time diseased processes have remained the same, and have required the same treatment ! Morbid processes were the same when the almost universal treatment was anti-phlogistic as they were when it was anti-spasmodic, and when it was stimulant and tonic ; and they are the same now, although anti-spasmodics, anti-phlogistics, and tonics and stimulants have been abandoned in favour of germicides ; and, moreover, they will be the same when germicides have in their turn been given up under the influence of some new pathological *ignis fatuus*, which history teaches us to look for in the not far distant future. Many and great have been the disappointments caused by the fallacy of these supposed discoveries, and by the eager pursuit of these pathological will-o'-the-wisps—this search for the medical "philosopher's stone ;" and yet, for all these, the search still goes on, as though there had never been any disappointment at all ! Even experience does not make medical fools wise. And, moreover, many have been the victims that have been actually slain in this pursuit, and many more who have been rendered helpless and miserable for the remainder of their lives ; while to the same source must we look for the origin of such vicious and destructive habits as laudanum-drinking, periodical venesections, calomel powders, morphia injections, bromide and chloral intoxication, and alcohol-drinking and drunkenness, each and all of which have for several generations been undermining the health and morals of the British people. From these, emancipation is only just now being achieved under the united efforts of the followers of Hahnemann, Sir John Forbes, and Dr. W. B. Richardson, assisted by the revelations of science and the lessons taught by physiology and clinical experience. No wonder that Hahnemann should inveigh against these crude and dangerous pathological speculations, or at least against their being made the basis of the treatment of disease ; it would have been no wonder, indeed, had he become somewhat intoxicated by the great-

ness and beneficence of his own discovery, which put a stop at once and for ever to any even seeming necessity for the spinning of such pathological cobwebs for the purpose of the treatment of disease. And yet, strange as it may appear, and notwithstanding all these failures, disappointments, and exposures, even yet, another pathological speculation—the germ theory of disease—and another method of treatment, based on it, have been advanced even at the present day! The treatment of disease has consequently been made to assume another phase! The unsophisticated practitioner must now ignore all he has learned about antiphlogistics and tonics, and put in practice the new treatment with disinfectants and germicides. But with what practical result? Very little, for experience has already begun to prove the futility of such treatment, by showing that no substance is able to kill germs in the body without killing the patient too; no, nor even to kill the germs existing in a local disease, without also destroying the part in which they are embedded! When will the profession learn wisdom on this matter? When will it see that the cure of disease *is not* to be based upon a pathological theory? It would appear as if the old-school physicians could not treat disease except through some pathological theory; with them it is not the patient, but some supposed pathological state, that is the object of cure; in this instance it is a germ that has to be killed. Truly scientific physicians, however, know well that the human body is neither a chemist's test tube in which one poison may be neutralised by another, nor yet a battlefield for a trial of strength between the causes of disease on the one hand and the medicines provided by the apothecary on the other.

They are well aware that pathology is but disordered physiology, disease only disordered health, and morbid action simply disordered healthy action. They know, also, that there is a tendency in nature herself, not only to continue normal action, but to recover it after it has been distorted by some external cause; and, further, they are well aware that the restoring of normal action is nature's own work, not the physician's. Why, then, it may be asked, should we, as practical physicians, trouble ourselves at all about the theories of pathological speculators? Truly, why? Simply, I think, because it is possible there may be some degree of truth in some of them; and as we belong to the medical profession, the members of which practise an art based upon

progressive science, it behoves us to note all its struggles after perfection. The germ theory, then, having been broached, it behoves us to carefully examine it, and to form some estimate of its claims to acceptance, and of its bearings on the treatment of disease, and to endeavour to ascertain whether it is based on a greater amount of truth than previous interpretations of morbid action, or if it is destined, as they were, to do much damage to mankind, and then pass away into the region of forgetfulness, leaving behind, as they did, a wreck of disappointed pathological speculators and maimed and degraded humanity. We should inquire, Has this last new theory really anything in it likely to be of service to mankind, to help either physician or patient? And if it has really some truth in it, what is the truth, and what bearing should it have on scientific therapeutics? These are questions well worth a careful consideration in this general assembly of *scientific physicians*.

What, then, is the germ theory of disease? In examining this theory, let us first of all inquire what is a *disease germ*? According to one of the greatest authorities on this question—Dr. Lionel Beale—every germ, whether vegetal or animal, for there are both, every germ comes from living or germinal matter, and from this only; it is an independent particle of germinal or living matter. It may be of extreme minuteness, even less than the hundred-thousandth part of an inch in diameter, but, if living matter, it is a germ. This minute living speck may take up lifeless or dead matter and convert it into living matter like itself, and thus grow. It may then divide and subdivide so as to multiply a millionfold within a few hours. It may give rise to successive generations of new particles or germs having similar powers or properties to itself; or, under altered surroundings, there may emanate from it particles of a higher or lower type—that is, of an abnormal character or construction—distorted or morbid germs with perverted vital activity and a tendency to grow into morbid structures. (*Vite "Disease Germs,"* second edition, p. 10.) The matter of which these germs are composed is protoplasm or bioplasm, which is a transparent, structureless, semi-fluid, clear matter, having the same microscopic appearances in both vegetables and animals. "There is," says Beale, "no possibility of identifying the different kinds of bioplasmic matter under the microscope; the most minute living particles of a living vegetable organism exactly resemble those of an animalcule, or those

which may become developed into beings still higher in the scale, and these cannot be distinguished from particles of bioplasm derived from the living matter of pus, or white-blood corpuscle of man himself" (p. 35). Vegetal germs are named "bacteria," and animal germs are called "bioplasts."

Stated briefly, then, it may be said that the germ theory—that is, the latest, the present-day pathological speculation on the nature of disease—is, that many diseases, at least many infectious and contagious diseases, depend upon (arise from, are caused by) minute living morbid particles called germs, which find their way into the body and into the blood. As to zymotic diseases, for instance, it is held that living pathogenetic germs or their spores, having made their way into the blood and found material suitable for their nourishment (unless prevented by treatment), they, at the expense of this material, grow and multiply in the blood and tissues, at the rate of many millionfold per day, until they have exhausted this material, as the yeast germ does in the wort; and, having exhausted it, or replaced it by some of their own products, they cannot live any longer, so they die; and if, after this, the blood and nervous system are left in a state capable of carrying on the vital processes, the patient recovers; if not, he dies: the disease itself being the commotion produced in the system, either by the presence of these germs as foreign bodies in the blood, or by the loss of the material they have appropriated, or by some ferment they have produced. Dr. Beale says: "Among the most fatal diseases from which man and the higher animals suffer are those which are called contagious or infectious. These depend upon a poison which, having entered the body, grows and multiplies there in a marvellous manner peculiar to matter which is alive. The living poison may be introduced into our bodies in the air we breathe, in the water we drink, or in the food we eat; and may possibly also gain access to us by the pores of the skin" (p. 85). And referring to the pathogenetic germs (there are both pathogenetic and non-pathogenetic) he writes: "They are *living*, and increase as living particles alone increase. They grow; they feed upon the nutrient juices of the organism and upon the tissues, and in some cases flourish at their expense and destroy them. The poison which enters may be so infinitesimal in quantity that it can neither be measured or weighed, nor, under ordinary circumstances, seen; but, having gained access to the blood and tissues, it increases

to such an extent that in many cases sufficient is produced in one subject to infect hundreds of persons, the population of a town, or even a whole country" (pp. 1, 2).

It is further held that the germ theory affords, and is the only one that does afford, a satisfactory explanation of the phenomena of the zymotic diseases—of their origin by infection, of their incubation, their specific character, and their definite cause and progress, as well as of the subsequent immunity from future attacks, and of natural and acquired immunity in general. The incubation period is the time occupied by the growth and multiplication of the germs to the point of intolerance; the disease is the period of struggle between the germs and the vital powers of the individual; the convalescence is the recovery of normal action and repair of the damage done, whilst the immunity is the resulting somewhat permanently altered vital action, or altered construction of the blood.

Now all this is very reasonable, and no objection need be raised against the germ theory on any of these points, nor do homœopathic physicians, as such, offer any objection to it on any one of them. The germ theory is only objected to when it is put forward as a guide to the treatment of disease. Homœopathic physicians are quite as delighted as others can be to obtain what appears to be a true explanation of the real nature of disease. We are also quite as well acquainted as our colleagues of the old school with the fact that many diseases are intimately associated with the presence of parasites and germs, and quite as able to recognise the apparently satisfactory explanation the theory affords of the phenomena of the zymotic and contagious diseases. We also know well the essential nature of scabies, and the connection of ring-worm, tinea, favus, pityriasis, and other parasitic skin diseases, with the so-called fungus cells in the form of bacteria, etc. Nor are we unacquainted with the fact of the presence of bacillus in the anthrax, the spirillum in relapsing fever, the micrococcus in some cases of erysipelas, or of morbid bioplasts in such diseases as influenza, glanders, rabies, purulent ophthalmia, gonorrhœa, and primary syphilis; and we know, too, that cryptogamic plant or fungus cells or spores, as micrococci and bacteria, as well as cells or bioplasts thrown off from animal bodies, both healthy and diseased, are floating about in the air, almost everywhere, in myriads, and are constantly settling on our skin and mucous membranes, and being taken in with the

air we breathe, the water we drink, and the food we eat, so as to coat our tongue, teeth, respiratory, and digestive mucous membranes, and thus get into our blood and become interspersed everywhere amongst our tissues, where they are ever ready, on meeting with a suitable nidus or part where the vital resistance is low, or as Dr. W. J. Collins might say, "with the suitable pabulum provided by degraded vitality resulting from unhealthy surroundings" (*vide* "Specificity and Evolution," pp. 21 and 19), to multiply either on or within us; if they be innocent to do us little or no harm, but if morbid or pathogenetic to poison us more or less—that is, to throw us into a state of disease local or general. With all this we are quite familiar, and with the natural history, and course and termination of the morbid states connected therewith. But none of these facts are themselves at all new, all that is new about them is their discovery. It is not only in the nineteenth century that the vegetal world has produced fungi, or that the spores of these have floated in the air and settled on animals and men, or been admitted into their blood and tissues. All this must have been going on ever since the vegetal and animal worlds began, so that if vegetal spores in the blood do really produce disease they must have done so ever since the beginning, and this in the open country where there is little zymotic disease as well as in towns and cities where there is much. If zymotic diseases are now dependent on vegetal germs, they have always been so; unless indeed we are to assert that by the law of evolution innocent vegetal germs have, under the influence of civilisation, degenerated into such as are dangerously pathogenetic.

(*To be continued.*)

ON THE TREATMENT OF PRETUBERCULAR AND OF ADVANCED PHTHISIS PULMONALIS BY THE MULLEIN PLANT.¹

By F. J. B. QUINLAN, M.D. Univ. Dubl., Fellow of the King and Queen's College of Physicians of Ireland, and Member of the Royal Irish Academy.

IN the collection of ancient Irish manuscripts contained in the library of the Royal Irish Academy are several medical treatises in which the mullein plant is strongly recommended

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in pulmonary disease. In fact, the first word of its Celtic name means "good for pulmonary complaints." From time immemorial the Irish peasantry have regarded this plant as an unfailing cure for consumption, and thus it is that a herb which in England, France, and Germany is a mere wild weed, is in Ireland carefully cultivated on a very large scale. It is in constant demand, it is advertised in all the journals, and, in fact, forms an article of ordinary commerce. There are five mulleins, all belonging to the natural order of scrofularaceæ; but the one in question is the *Verbascum Thapsus*, or great mullein, which is known in France as the *molène bouillon blanc*, and in Germany as the *kleinblumiges Volkraut*. It is a hardy biennial plant, with a strong stalk from half a metre to two metres high, with thick woolly and mucilaginous leaves, and a long flower spike with numerous yellow flowers, the smell of which is not disagreeable. The best results are obtained with the green leaves, which can be procured during seven or eight months of the year; but excellent effects are produced by the dried leaves also. By cultivation under glass the mullein can be had fresh during the winter, and this is important, as will presently be seen.

The method employed by the Irish peasantry is to take 100 grammes of the fresh green leaves (or about thirty of the dried) and place them in rather more than one litre of fresh cow-milk. This is brought to a boil, and allowed to stand for ten minutes. The hot fluid is then filtered, is slightly sweetened, and is drunk while warm. This whole quantity is taken twice or, in some cases, three times a day. It has a soothing pectoral effect, and, after a little time, is much liked by the patient.

Although in such popular repute, and in such extensive use, the mullein is not in the Pharmacopœia, nor was it regularly recognised by the medical profession. It appeared to me that it would be well that the matter should be properly investigated, and accordingly, during the last two years, I have treated a series of cases of pulmonary consumption in all its stages—127 in number—with the mullein leaf solely, with one trifling exception, which I shall presently notice. This procedure gave the most unbounded satisfaction to the patients, who implicitly believed in the remedy, and co-operated zealously with me in its use. Previous to commencing treatment each patient was carefully weighed, and this weighing was repeated every week, with great attention to uniformity of conditions as to time, clothing, meals, etc.

The symptoms and physical signs of each patient were accurately noted, and the results tabulated. The conclusions to which I have arrived are as follows:—

1. In the early and pretubercular stage of pulmonary consumption mullein has a weight-increasing and curative power greater than that of cod-liver oil, and nearly equal to that of Russian koumiss. It has been experimentally proved that this is due to the mullein, inasmuch as the milk alone fails to accomplish the same results.

2. In cases in which tubercles are well established, or cavities exist, the mullein has a great power in relieving cough. In fact, such a patient taking it requires no cough mixture at all, and every practical physician will recognise the great boon which this power confers on the phthisical sufferers, whose stomachs are often hardly able to receive sufficient alimentary sustenance. Indeed, the mullein milk is looked on by them more as a food than as a medicine. In persons of very feeble digestion heaviness is often experienced after so much milk. This, however, can be completely relieved by allowing the boiled mullein milk to cool down to 50° C and adding a teaspoonful of Benger's pancreatic fluid. It should then be left under cover for ten minutes.

3. Phthisical diarrhoea is completely obviated by the mullein. This is, no doubt, aided by the milk, but also occurs when the mullein is prepared with water.

4. All the symptoms of pulmonary consumption can be combated by the mullein except colliquative perspirations; over them mullein has no influence; and in my cases I principally employed the hypodermic injection of the atropia sulphate. This is the exception to the sole mullein treatment to which I have already alluded.

5. Mullein smoke applied directly to the respiratory passages has a great effect in relieving irritation, and spasmodic coughs, and coughs in general. The dried leaves of the mullein are broken up fine, and are smoked in an ordinary pipe, either pure or mixed with a little tobacco to flavour them. Wheeler and Whitaker, of High Street, Belfast (Ireland), prepare very elegant cigarettes for this purpose. These are of two kinds—(1) mullein, flavoured with a little Turkish tobacco; (2)—for those to whom tobacco is disagreeable—mullein, flavoured with a little oil of cascara.

I now exhibit both varieties of these cigarettes, as well as specimens of the mullein plant.

Koumiss can be had only where the mare is a regular milch animal; because, for chemical reasons, the milk of the cow does not make proper koumiss. Cod-liver oil is very disagreeable to take, and the quantity which is taken in all civilised countries, notwithstanding the wry faces generally made while taking it, by patients of all nationalities, is the surest testimony of its merit. It is, in my opinion, inferior to the mullein milk as a weight-increaser. It does not arrest cough, and it often does the contrary of arresting phthisical diarrhoea. Lastly, it disgusts the feeble stomach very much—to such an extent that many patients are entirely unable to take it. In the whole course of my experiments I met no patient who could not take the mullein, and scarcely any who disliked it.

I will conclude this paper with two typical cases of the cure of two patients who were suffering from early but undoubted pulmonary consumption. Both these patients are now alive, and in robust health, and I visited both just before leaving Dublin.

Case I.—Helen S., aged twenty, single, a governess, residing in Dorset Street, Dublin, suffered 18 months previous to her admission into St. Vincent's Hospital from inflammation of the left lung. Her health fell away, she coughed, became emaciated, and the catamenia ceased. She had slight dulness over the apex of the left lung, and auscultatory phthisical signs. She weighed 110 English pounds. In five weeks she increased to 119 English pounds, all symptoms disappeared, and the catamenia returned during the treatment.

Case II.—Elizabeth B., aged eighteen, single, a dress-maker, residing in Gloucester Street, Dublin, had been ailing for four months. She coughed, and once had slight haemoptysis. She lost flesh, and the catamenia ceased. On admission into St. Vincent's Hospital I detected slight dulness over the right clavicle, and stethoscopic evidences of early consumption. She weighed 90·25 English pounds. Soon after beginning the mullein treatment the catamenia returned, and after six weeks of it she had increased to 102·75 English pounds, with evident recovery. She was now sent to our convalescent department in the country, when I directed her to get cod-liver oil, and to discontinue the mullein. For thirty-three days she took a tablespoonful of cod-liver oil twice and sometimes thrice daily, and increased 7·50 English pounds only. This was the more remarkable

as, while taking the cod-liver oil, she had the aid of fresh air, sufficient exercise, and an abundant diet, of which she took ample advantage.

The above two cases are typical of about fifty instances of early consumption in which complete cures were effected. It is worthy of remark that very young mullein leaves have a dangerous resemblance to young foxglove—so much so that I have known an experienced gardener to put a young plant of the latter into a mullein bed. Of course, as soon as the poisonous intruder grew a little he was detected and expelled. Full or even half-grown mullein and digitalis are not the least like each other. Dr. Ernest Knowling, of Tenby, South Wales, England, reported to me a case where belladonna leaves got accidentally mixed with mullein, and produced serious but happily not fatal results. I saw myself the leaves and flowers of the belladonna which had been picked out of that parcel, and they were further identified by Mr. Holmes, Botanist to the Pharmaceutical Society of Great Britain. We investigated this case, and found that the mistake arose from the highly reprehensive practice which prevails, even in some most respectable drug stores, of allowing dried poisonous leaves to be lying about in the same loft with non-poisonous ones. No person, however inexperienced, could mistake fresh belladonna for fresh mullein; but when leaves are dried and curled up it requires an expert to distinguish many which, when green, are quite unlike. The above are the only troubles which have come to my knowledge connected with the use of a valuable remedy of which I solicit the consideration of this Congress. I feel that I lay myself open to much criticism in coming forward here to announce a specific even for early and pretubercular phthisis; for I am aware that many think but little either of cod-liver oil or koumiss.

The power of the mullein in soothing the downward path of the advanced sufferer is of lesser consequence; for, did it not exist, there are many other ways of accomplishing the same object. My only apology for the position I take is this—a high standard of ancient native culture perished in Ireland amid a sea of national woe; and, from my boyhood, I have seen the humbler classes of a whole nation cultivating, believing in, using, and paying for a remedy which elsewhere was, in modern times, regarded as a mere weed. It appeared to me that a whole nation using a remedy for centuries, and, no doubt, judging it by results, could not be

wholly wrong. I approached the subject without any pre-conceived opinion, and had the result of my research been unfavourable, and the opposite of what it was, I had determined to announce it as such. All that I ask for this remedy from my esteemed colleagues here is to try it in a similar spirit, and I have no expectation of their taking any other course.

CLINICAL CASES.

By Dr. REGINALD JONES.

Acute Gastritis.

On Saturday evening, October 25th, about ten o'clock, I was requested to visit a lady who was suffering from violent retching, which had continued for several hours. She complained of violent pain at the epigastrium, going through the stomach to the back, and radiating in other directions. There was severe spasm of the muscles of abdomen. Tenderness on pressure over stomach very great, especially over epigastrium. The smallest quantity of water was immediately rejected, tinged with blood. The pulse was alarmingly weak and irregular; the tongue small, red, and irritable-looking, especially at the point; the bowels constipated; and the patient seemed at times on the point of collapse. She had not taken any food for twenty-four hours, as the slightest attempt to swallow any was at once followed by its rejection. I ordered *Arsenicum 3x*, a dose every half-hour, and remained with her until twelve o'clock, when, she being apparently easier, I left, with instructions to continue the medicine every hour.

At two o'clock in the morning I was again summoned, as the vomiting had returned with increased violence, and on my arrival I found her more prostrate than ever; after each attempt to vomit she seemed on the point of expiring. I administered *Acid. Hydrocyanic.* dil. gtt. j., but it did not seem to exert the slightest influence, and the weakness was gradually increasing. I then ordered an injection of six dessert-spoonfuls of brandy, with the yolk of an egg and some warm milk, which was retained, and in a short time seemed to produce a decided good effect, as shown by the strengthening of the pulse-beat. At the same time I gave *Kreas.* 1 and *Arsenicum 3x*, a dose every quarter of an hour, and by 5.30 I had the satisfaction of finding the vomiting

decidedly checked and the patient inclined to sleep. Ordered the medicine to be given every hour alternately. I remained at the house, seeing the patient occasionally, after which I left, but returned at three o'clock; before going, however, I ordered another injection to be given at twelve o'clock.

On my return I found her much easier. There had not been any further vomiting, but still there was a distressing sensation of nausea, and the pain, especially in one spot over the epigastrium, was yet very trying. Repeat medicine every hour as before, and a third injection at six o'clock; also ordered a linseed-and-mustard poultice over stomach.

26th, 2.30 p.m.—Doing well, no return of vomiting, pain much less. Repeat injection and medicine.

27th.—The vomiting has not returned, but there is a feeling of nausea, and the pain at epigastrium rather worse. Tongue white; temperature normal; acid taste very strong. Two injections to-day. *Ars.* 3x, *Lyc.* 3, two hours alt.

28th.—Acid taste gone; pain yet severe; nausea yet present, but not so severe. Two injections and *Kali Bich.* 2.

29th.—Pain has gone, nausea less, no return of the vomiting or retching; much troubled with flatulence. Two injections of beef-tea, egg, and brandy; and *Carb.-V.* 6, *Ars.-Ab.* 3x, two hours alt.

30th.—Very much better; very little flatulence; no pain or nausea. Asks for food; ordered a little boiled sole and mutton broth. Two injections as before. Repeat medicine.

31st.—Still improving; is very hungry; bowels moved once, motions quite white. To have a small chop and two injections. Repeat medicine.

Nov. 1.—Pain in right shoulder, passing up to neck; not any pain in stomach; craving for more food. Ordered a chop and a glass of champagne with a little light milk food. One injection. *Bry.* 3x, *Ars.* 3x.

2nd.—Is much better; pain gone from shoulder and neck; tongue cleaner; bowels moved once, of a much better colour; very little pain on pressure over stomach; no flatulence; is able to be moved to the sofa. Food to be given more freely. Discontinue injections. Repeat medicine.

3rd.—About as yesterday, but tastes the food after it has been eaten. Bowels moved once. *Puls.* 3x.

4th.—Able to go downstairs; taking food freely. To have two glasses of champagne every day. Bowels regular; no pain even on pressure. Repeat medicine.

6th.—Can move about a little, although weak ; bowels acting regular ; tongue clean. *Arg.-Nit.* 3.

From this time to the present she continued to gain strength, and is now quite well.

Diphtheria.

Mrs. W., residing in Tranmere, called me in on 15th September, having had a severe sore throat for two days. She complained of having felt very weak for five or six days previously. Had had chills and fever for a day or two. There was great difficulty in swallowing ; severe headache, with marked lassitude ; voice low and muffled ; stiffness about muscles of neck ; tongue very foul ; pulse weak and rapid ; temperature high (103) ; tonsils covered with greyish membrane. Ordered the throat to be sprayed with a mixture of equal parts of *Spt. Vin. Rect.* and *Acid. Sulphurosi* every four hours. *Acon.* 3x, *Merc.-Cy.* 7.

7.30, evening.—Feels easier. To have beef-juice. Continue spray. Repeat medicine.

16th.—Is doing very well. Temperature reduced ; throat looks better ; pain on swallowing less. Ordered port wine and water. Repeat beef-juice ; also to have beef-tea. Spray to be continued. *Merc.-Cy.* 7.

17th.—Throat was painful last night, but feels easier to-day. Membrane completely over throat. *Merc.-Cy.* 30.

18th.—Membrane less ; temperature normal ; feels much easier. Spray as before. Repeat medicine.

19th.—All membrane has gone ; throat is very red ; there is very little pain ; temperature normal ; is much stronger. *Ac.-Mur.* 1x.

20th.—Still continues to improve ; feels much stronger ; redness of throat much reduced. To sit up out of bed. Temperature normal ; pulse strong (72). Repeat medicine.

21st.—Is downstairs, and feels quite well. I warned her that after so severe an attack she might expect partial paralysis of throat.

On 25th October (or about five weeks after recovery) she complained of a feeling of fulness in throat, and that her food came through her nose. I ordered *Curare* 3 every four hours, which produced marked improvement in three days. Then I gave *Gels.* 3x, which completed the cure in a few days, and she remains quite well up to the present.

Hamilton Square, Birkenhead,
December, 1884.

EMERGENCIES.—EUTHANASIA.

By Prof. J. T. KENT, M.D., St. Louis.

I AM frequently asked, what should be done in times of great suffering, for immediate relief? To those who desire to obtain reliable information, and who wish to practise in accordance with our principles, I would say, take the symptoms of each individual case and select the remedy capable of producing similar symptoms. In a general way this is all that would be expected of me for an answer to the question, by those who are conversant with *materia medica*.

Consumptives often suffer greatly when left to themselves, and some medical practitioners, knowing no better way, give morphine and other stupefying agents, thinking that they allay human suffering.

This kind of practice cannot be too strongly condemned. Firstly, it is an acknowledgment that our law is not all-embracing; secondly, it is the poorest kind of relief to the patient. But I would not deprive medical practitioners of all means of relief for their patients, without furnishing as good or better ones.

The consumptive when going down the last grade, needs the comfort of a true *healing art*, and not the makeshifts of mongrelism or allopathy. The homeopathic remedy is all that he, who knows how to use it, needs, to allay the severest distress. Every true homœopathist knows the value of these wonderful remedies.

A few hints may not be out of place.

When the hectic fever, that so rapidly burns the patient up, is in full blast; the hot afternoon skin, the night sweat, the constant burning thirst, the red spot on the cheek, the diarrhoea, the stool escapes when coughing, *the intense fever, p.m.*; the constriction of the chest, suffocation; then should *Phos.*, *very high*, be administered, but *never repeated*. An aggravation will follow, but it must not be meddled with, as it will soon pass off, leaving the patient free from fever, and he will go on to death, many times, comfortably. *It is the regrettable meddling that causes the dying man so much misery.*

The distressed suffocation and inward distress in chest and stomach, streaming perspiration, great sinking; must have the clothing away from neck, chest, abdomen, ghastly countenance, and choking, call for *Lachesis*, and it may be given as often as occasion requires, but to give satisfaction and prompt relief, not lower than 200th.

To this ghastly picture, if we add, he is covered with a cold sweat and there is one on either side of the bed fanning him, and the abdomen is distended with flatus, and the breath is cold, *Carbo V.* in water every hour for six hours, and stopped, will give rest and beatitude, with many thanks.

But the time is yet coming when even these remedies will not serve us.

The ghastliness of the picture has not been changed, and to it we have added the pains of dying cells—death pains, the last suffering. Such pains come on when mortification begins. If it is in the abdomen we may avert it by differentiating between *Arsenicum* and *Secale*, but if this pain comes in the last stage of consumptive changes, we are beyond these remedies. Much later, there is a remedy, and it is *Tarentula Cubensis*. It soothes the dying sufferer as I have never seen any other remedy do.

I have seen *Ars.*, *Carbo V.*, *Lyc.*, *Lach.*, act kindly and quiet the last horrors, but *Tarentula Cubensis* goes beyond these. I have lately administered it in the 30th cent. potency.

When death is inevitable, the first named remedies seem to be mostly indicated, but no longer act, and the friends say, "Doctor, can't you do something to relieve that horrible suffering?" the pain, the rattling in the chest, with no power to throw the mucus out; the patient has but a few hours to suffer, but can be made as quiet as with the terrible morphine in a very few minutes, by the *Tarentula* 30th.

I believe that no physician would use a narcotic if he only knew a better way.

What is more inhuman than to leave the suffering patient in his last moments to writhe in the agonies of dissolution, surrounded by weeping friends? The true physician will embrace the opportunity to exercise his skill at these moments. It has come to pass that I am invited frequently to stand at the bed of *moribund* patients, whom I never attended during their curable ills, and as many times do I thank the Great Master for the wonderful means of allaying the pangs of the flesh, without resort to the necessity of departing from that law which I have so many times pronounced universal; even in the last moments—a euthanasia.—*St. Louis Periscope.*

SPIREA ULMARIA IN ENLARGED PROSTATE,
AND OTHER GENITO-URINARY DISEASES.

By E. M. HALE, M.D.

IN the April number of the *Revista de Medicina y Cirugia Practicas*, April 22, 1884, is an article on this plant which is worth remembering. The common name of this plant is "meadow sweet" or "queen of the meadow," on account of its beauty and perfume. We have several species in the United States, one of which is called "queen of the prairies." There are five other species of this genus growing in the United States. Only one is mentioned by King (Disp.), the *Spirea tomentosa* (Hardhack). The *spirea ulmaria* of Europe may have the same medicinal qualities as the *spirea lobata* of the United States. Gray places the latter in the subgenus "*Ulmaria*," and mentions the *spirea ulmaria* of Europe in a footnote.

The *spirea ulmaria* (meadow sweet) is thus described: "A herbaceous plant with pinnate leaves, having a large, terminal lobe; erect, slender, rigid stems, about two feet high, and terminal, dense *corymbs* of white, highly fragrant flowers.

The *spirea lobata* (queen of the prairies), according to Gray, is "glabous (two to eight feet high), leaves interruptedly pinnate, the terminal leaflet very large, seven to nine-parted, the lobes incised and toothed, the flower in a *panicle*, compound clustered on a long, naked peduncle. The flowers are of a deep peach-blossom colour, handsome—the petals and sepals often in fours."

We have one species, *spirea corymbosa*, which comes more nearly to the *spirea ulmaria*, and has white flowers, but not the peculiar lobed leaf of the European species.

Wood gives seventeen species in the United States and Europe. The *spirea ulmaria* is cultivated in this country in gardens, and the tincture can doubtless be made from plants procured here. European and English writers mention the *spirea ulmaria*, in about the same words as King uses when writing of the *spirea tomentosa*, namely : that the juice is a "powerful astringent," nearly as much so as Catechu, and both are used for tanning hides. I think all the species possess this astringent principle to a great extent, and it is probable that all may be equally useful in diseases of the prostate. But I will quote what the Spanish physician says of the European plant:

"It is destined to occupy an important place in the therapeutics of diseases of the genito-urinary apparatus. He has administered an effusion of this plant to patients with enlarged prostates in whom urination, or the passing of the catheter, was very difficult, and within half an hour they urinated abundantly and freely. It is diuretic, astringent, and anti-spasmodic, and exerts a special action on the sphincter of the bladder, spasm in which it relaxes."

I propose that our indigenous species be tried in practice, and then we can compare the results with those claimed to have been obtained with the foreign plant.

In Allen's Encyclopædia of Materia Medica is to be found an extensive proving of spirea ulmaria, by Dr. Bojanus, with the tincture of the fresh root, in doses from two to sixty drops. It gives only one symptom of *pain*—"a burning of the orifice of the urethra while urinating during stool." But the appearances of the urine were peculiar and interesting, but too extensive to be quoted here. The most that can be made out from a study of it is, that a large quantity of *urates* were eliminated in the form of "iridescent and oily films," and "red, sandy deposits" of uric acid.—*Medical Era*.

THE USES AND ABUSES OE HOT WATER AS A BEVERAGE.¹

By J. E. GILMAN, M.D.

MANKIND delights in popular fancies. If the wave of public interest is once started in any direction, it engulfs all in its onward way. Each one aids by coaxing and urging his neighbour to join him, and the notion is adopted until displaced by something else. The popular craze of the present time is one of "hot water," and "Tom, Dick, and Harry" drink hot water religiously before their meals and feel revivified and strengthened accordingly. A few years ago the same parties were drinking cold water in the same manner, and for the same purpose. It is the modern example of the bed of Procrustes. You remember, Procrustes insisted that all his guests should accurately fit his chamber furniture. If haply too long to lie on the couch, amputation promptly remedied the matter, but if

¹ Taken from a lecture on water delivered at Hahnemann Med. College, Chicago.

unfortunately too short, the rack was applied until the required length was obtained. So with the hot water; it is recommended and used indiscriminately by all with benefit to some, with little effect to others, and positive injury to many even among those it at first benefited. Cold water in moderation to a perfectly healthy tissue is a tonic, and reaction established properly, it increases the activity of the circulation. Warm water relaxes and quiets fever. Hot water has exactly the reverse action from cold. Cold water drives away the blood from the tissue where the application is made. This is but momentary, and the reaction is prompt and fills the capillaries again with the life fluid. Hot water, on the contrary, at first fills the capillaries, and then deprives them of the blood supply. Examples of this you find in persons drinking snow water; the fever engendered by this causing excessive thirst—a thirst increased with the quantity ingested. Also in the application of ice to an open wound to check haemorrhage—the ice will accomplish this, but will be followed by much fever and heat at the injured place, while a stream of hot water will drive away the blood from the capillaries without the secondary fever. Now in recommending the use of hot water as a beverage, you must bear this action in mind. If your patient is dyspeptic, with that irritable condition of the coats of the stomach in which there is a chronic form of inflammatory action, lighting up readily into an acute type or refusing to secrete the digestive fluids, you can prescribe the hot-water drink with confidence, and to the satisfaction of your patient. But if the stomach is a strong and healthy one, the result is only to weaken and depress if long continued.

As a people we work so hard and keep the mind so actively on the stretch that our poor stomachs are cheated of the proper supply of blood and of nervous energy, and the result is we are a nation of dyspeptics. Haste in eating, hurry to work, driving business at railroad speed, the stomach, loaded with a mass of imperfectly masticated food, becomes worn out, and fevered by the too great strain upon its resources, the much abused and long suffering organ acquires a chronic condition of subacute inflammation, or, as it might be expressed, is in a continual state of apprehension of failure to perform its duties. Now to this organ in such a plight the hot water is soothing. It reaches the stomach not as absolutely hot water (although to the mouth it may seem so), but more like water warm enough to excite a salutary

movement of the blood-vessels, resulting in a removal of the blood stasis and a more active secretion of the digestive fluids. It quiets the nervous irritability (as you have seen illustrated in its action on the cutaneous nerves of a fretful, nervous infant) and allows nerve force to be properly directed. Following its ingestion the food is much more easily macerated and transformed to chyme. But continue the use of the hot water for an indefinite period, and what is the result? If you use the warm bath for a fevered patient the effect is charming—the individual is cooled and refreshed;—but continue the treatment after the fever has disappeared and enervation and weakness follow. So with the prolonged use of the hot-water bath for the interior of the stomach. It is excellent when required, and when the time for its application is over it is only a source of injury to continue its action. One reason for the practice reaching the height of popular favour it has, is undoubtedly the fact I have just stated, that so many people are dyspeptic and with that form of the disease to which hot water is applicable. Many of them, however, will continue to deluge their internal arrangements with the hot beverage long after the necessity for its use has passed away, and so produce a condition of enervation that may be more difficult to overcome than the original derangement. And the practice will fall into disuse until some succeeding generation takes the matter up, as valuable in a large number of cases, and its popular use will again be inaugurated.

AMMONIATED BREAD.—Ammoniated baking powders—that is, baking powders in which carbonate of ammonia is used as an ingredient, and which exhale an odour of ammonia when heated—are classed by many eminent physicians and sanitarians as superior to all others. Professor Hassell, of London, who is recognised as the highest authority on the subject of food hygiene, commends in the strongest terms the use of carbonate of ammonia as a leavening agent, stating its great advantage to be in its perfect volatility, which permits it to be, by the heat of baking, entirely thrown into leavening gas whereby the bread is raised. The first heat of baking will effectually develop all the gas, thoroughly leaven the loaf, and dissipate the gas-producing ingredients, and this is the highest test of a perfect baking powder.—*New York Weekly Tribune.*

LITERATURE.

DIE HEILUNG DES STAARES AUF ARZNEILICHEM WEGE.¹

AFTER having been translated into German by Dr. H. Goullon, this little work was published in full text in the *Allgemeine Homeopathische Zeitung*, and it has now appeared as a small octavo volume in Leipsic. Needless to say that we wish it all success in the German Fatherland, and we commend it more particularly to those small-souled medicos here and in America who vainly tried to throttle it at its birth.

KEENE AND ASHWELL's *Physician's Diary and Case Book* for 1885 stands at the head of the list of the Diaries for 1885 that have reached us. We use it, we like it, and we recommend it.

THE *Chemists' and Druggists' Diary for 1855* is all that a diary can well be, and has an established position. The wise words at the head of each day's writing space are a good notion.

REPORTS OF INSTITUTIONS.

REPORT OF THE BRISTOL HOMEOPATHIC HOSPITAL AND DISPENSARY, 1884.

HAHNEMANN inaugurated the great therapeutic reform, which he afterwards named Homeopathy, by an "Essay on a New Principle for ascertaining the Remedial Powers of Medicinal Substances," published in *Hufeland's Journal* in 1796. This was followed by the full exposition of his doctrine, in 1805, in "The Medicine of Experience."

He insisted, in the first place, in opposition to almost all

¹ Die Heilung des Staares auf Arzneilichem Wege. Von J. C. Burnett, M.D. Autorisierte deutsche Ausgabe von Dr. H. Goullon in Weimar. Leipzig : Baumgärtner. "Curability of Cataract with Medicines." By J. C. Burnett, M.D. Authorised German edition by Dr. H. Goullon, of Weimar.

teachers before and since (except his followers), on this most common-sense doctrine: that the only way to ascertain accurately the virtues of drugs is to test them carefully and methodically on persons in health.

Secondly, from a large collection of facts in authors ancient and modern, and from his own experience already gained, Hahnemann demonstrated the value of the method of treating disease by medicines which have the power of developing similar symptoms in the healthy.

Thirdly, Hahnemann did not at that time, nor do his followers now, deny that medicines acting on the antipathic principle are sometimes useful. At the same time they have certain inconveniences: they are mostly palliative only, they need to be given in large doses, and they are especially harmful in chronic disease.

Fourthly, the great reformer advised that medicines be given singly and in doses smaller than are required to produce similar morbid states, as the sensitiveness to medicinal action is increased in disease.

Notwithstanding much opposition he gained a hearing, and his genius and works attracted a faithful band of disciples. These, in spite of persecution, which they shared with their master, carried the great reform into every civilised country in the world.

Experience has since abundantly proved the benefits of these rules of treatment to be the saving of life, the shortening of illness, and freedom from polypharmacy and the poisonous action of drugs, which often produce chronic disease. Thus the patient is cured quickly, safely, and pleasantly (*cito, tuto, et jucunde*).

Statistics of cure, both from private and hospital practice, have been repeatedly published, showing the great saving of life due to the homeopathic method of treatment, and this has doubtless had a large share in modifying the practice of the old school, thus fulfilling Hahnemann's prophecy that the physicians' lancets would soon rust in their cases.

In no disease is the superiority of the new treatment and the speedy action of the medicines more manifest than in cholera. Here also we can appreciate the value of having a method of cure founded on a well ascertained scientific principle. Thus, when cholera invaded Germany in 1831, Hahnemann was able at once to fix on the remedies which should prove specifics for it; and so successful were they,

and are still, both in India and Europe, that this, one of the most fatal of diseases, is rendered comparatively harmless when the medicines are given early and frequently. In the epidemic which visited London in 1854 the returns presented to Parliament showed the mortality in the Metropolitan hospitals as over 50 per cent., and that of the Homœopathic Hospital as 16 per cent. But precious time is lost before the patient arrives at a hospital, and private records show that if repeated doses of camphor be taken at the commencement of the symptoms the mortality is very much less.

Notwithstanding the undoubted benefits already derived from this beneficent reform in therapeutics, the prejudice is strong enough still to exclude medical men who practise it from the ordinary public hospitals and dispensaries in this country. Special institutions have, therefore, been established in different towns, and with considerable success, and there are few large towns which do not support a Homœopathic Dispensary.

The first Public Dispensary in Clifton and Bristol for the treatment of the sick poor after Hahnemann's method was established by the late Dr. Black in 1852. It was carried on for some years by Mr. J. Pritchard, and since then there has been regular attendance at the Triangle two or three times a week. Up to last year the number of patients was about 25,000. Other dispensaries have from time to time been established in Bristol, but the initiative was always taken by some medical practitioner, and the public never shared either the management or the responsibility.

Last year, on the promise of a lady to give £1,000 towards the establishment of a more permanent institution on a public basis provided 4 per cent. interest were paid during two lives, it was resolved by the medical men already interested in dispensary work to combine their forces, and with the help of their friends and the public to make a new start in a central part of the town. Accordingly a committee was formed, suitable premises were purchased in Brunswick Square, and an appeal was made for public support. The premises bought consist of a good dwelling house and a cottage. The former can be prepared at a moderate expense for the reception of in-patients, and the latter was at once fitted up for the treatment of outdoor patients. The attendance has been very gratifying, showing the decided

preference of numbers among the poor for homœopathic treatment. The premises at the Triangle have been retained, and the numbers at the two Dispensaries during the first fifteen months ending September, 1884, was 5,144.

476 visits have been paid by the stipendiary medical officer to patients at their own homes who were too ill to attend at the Dispensary.

Should the friends of the Institution show sufficient interest in its development, and funds be forthcoming, we hope by-and-by to receive in-patients. For this purpose a fund of about £600 will be required for furnishing, and an annual income of about £500 for general expenses. Towards the furnishing fund one lady has given £100, and a second donation of £1,000 has been received on the same conditions as the first £1,000, and from the same generous contributor. This sum has been invested at interest, so at present it is not available as income.

The Committee earnestly appeal to the friends of the Institution and the public generally for help.

CORRESPONDENCE.

[*By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.*]

To the Editor of the Homeopathic World.

DR. HUGHES'S ACCURACY AS A TEACHER OF HOMŒOPATHIC MATERIA MEDICA.

DEAR SIR,—My attention has been called by Dr. David Wilson to a statement contained in an editorial review of Dr. Rây's treatise on cholera. The editorial is of course anonymous, but as Dr. Hughes attaches his initials to a foot-note, without the slightest repudiation of the statements made in the article itself, it is obvious that he has read it and endorses it, even if he did not write it himself; indeed, as one of the

editors of the *British Journal of Homœopathy*, he is necessarily responsible for it.

The reviewer says (p. 413) that "the supposed characteristic of *Arsenicum*, 'patient drinks only a small quantity at a time,' is assumed as certain, in spite of its having been demonstrated to be unfounded either in pathogenesis or in practice."

In refutation of this statement let us appeal to the *Materia Medica*, the *fons et origo* of our art.

In Hahnemann's *Materia Medica Pura*, as translated and edited by Drs. Dudgeon and Hughes, we find (vol. i. p. 130) the following note of HAHNEMANN himself to symptom 211,—"A rare alternating action compared with the much more frequent one where there is constant longing for drinks, and yet only a little is drunk at a time but very often (rarely much at a time). *Vide* 362, 927." (By the way, there is here a printer's error in the original; 362 and 927 should be 222 and 928 respectively, and Dr. Dudgeon has copied the perplexing blunder in his translation, evidently having neglected to verify the references, a matter that should never be omitted in such cases, where an error so easily can creep in.) On referring to these symptoms we find as follows:—"222. Great dry feeling in the mouth, with frequent severe thirst, yet he drinks but little at a time (Stp.)." "928. He is thirsty, yet drinks but little at a time (Richard)."

Again, on referring to HAHNEMANN's *Chronic Diseases*, vol. v., we find also the following:—"384. Great thirst; he drinks but only little at a time (Whl.)."

It is true that in Allen's *Encyclopædia* the symptom attributed to Richard is marked by Dr. Hughes as "not found," though this by no means proves its unreliability; yet even granting that this particular observation is uncertain, what right has the reviewer to so contemptuously condemn the two remaining symptoms by Staph and Whl. (? Wahle), both endorsed as they are by HAHNEMANN himself?

The reviewer not only denies the pathogenetic value of this symptom, but its clinical value also. To this we reply that Allen in his *Encyclopædia* quotes this symptom in full-faced type, with three authorities attached, and preceded by an asterisk; and that Hering in his *Guiding Symptoms* gives the symptom "Drinks often but little" as frequently verified, in no less than eighteen forms of disease.

Before quitting this subject I would call attention to two other extraordinary statements with regard to *Arsenic* for which Dr. Hughes is alone responsible.

To symptom 199 in Allen's *Encyclopædia*, "Great confusion of the head, evenings, third day," Dr. Hughes attaches a footnote, "not found." On referring to HAHNEMANN's *Chronic Diseases* we find the symptom recorded thus: "95. Starke Eingenommenheit des Kopfes, Abends (d. 3 T.)." And let it be observed that as no initials are attached to this symptom in the original, it is one of HAHNEMANN's own.

Lastly, in the *Monthly Homeopathic Review*, 1879, p. 343, Dr. Hughes declares that *Arsenic* has "no hepatic action." This assertion is at variance with the best authorities on toxicology.

We have already had too many unwarrantable liberties taken with HAHNEMANN's works to tolerate quietly the omission of valuable symptoms. Even in the abridged caricature of *Arsenic* by the late Dr. Black, published in the *Hahnemann Materia Medica* in 1851, the identical symptom with which Dr. Richard Hughes now ventures to tamper was accepted as reliable. We should like to know what has occurred since, to prove that Dr. Black was then in error with HAHNEMANN and Dr. Hughes now correct. We would advise Dr. Hughes to beware lest he should meet with the same fate as the late Dr. Hempel did for his omissions and errors in his translation of HAHNEMANN's *Materia Medica Pura* and *Chronic Diseases*. Once found tripping in the slightest degree, then our confidence is lost.

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

DR. SIMPSON ON THE IMPORTANCE OF THE SIMILLIMUM.

DEAR MR. EDITOR,—We are deeply indebted to Dr. Berridge for the unwearied solicitude he manifests for the preservation of the purity of our practice. It must be evident to every thoughtful physician that our ultimate success in advancing Homeopathy in Great Britain is dependent upon our fidelity to the law of similars, and the temptations to

routine practice are too numerous and insidious to admit of their being ignored. The public demands and deserves the convincing force of practical proofs of the truth of our theory in successful results of treatment. And while it is admitted that good may follow the administration of medicine given in alternation in low dilution, and with frequent repetition, permanent cure is unlikely to ensue unless the simillimum is prescribed according to Hahnemann's directions. In my limited experience, at least, the latter method is alone satisfactory, and I may be permitted in this place to quote two suggestive instances.

Case 1.—A. G. T., æt. about 53. Tall and emaciated, with jaundiced hue. Complained in September last of having suffered for two years from slow digestion. His tongue furred thickly throughout, breath offensive, appetite poor, bowels torpid, and what food he could take seemed to remain in his stomach all day. Every evening he vomited about three pints of brown, sour-smelling, frothy fluid. Torulas were found floating in field of micro. slide. The elimination of this fluid had been effected by emetics, which had been prescribed to relieve the distress which the accumulation entailed. He could sleep but little, and was laid aside from his professional duties, being too feeble to walk far. We prescribed *Arsen. hyd.*, which removed the vomiting in four days. He then complained of severe colic, with retraction of abdominal muscles, obstinate constipation, thirst, which, with the yellowness of skin, suggested *Plumbum Aceticum*, which he took in the 200th potency, twice a day, till relief of pain and constipation were secured. I saw him no more until November 5th, when he reported himself quite relieved of all the distressing symptoms before enumerated, and expressed his profound gratitude for the help afforded. I may say that I also prescribed skim milk for breakfast and tea, and Benger's self-digested food for dinner, and they are entitled to a share of the credit which this case yields.

Case 2.—Bertha D., æt. 5 years. With sallow, puffy face and debility, is said by its mother to have suffered from intensely itching spots on abdomen, chest, and back for nine months, for which sulphur, precipitate, potass. bitart, confection of senna, and other remedies had been prescribed in vain. She had much obstinate constipation, and required an enema every fourth night to secure a motion, which was pale, hard, slow, and difficult. The abdomen greatly dis-

tended, intense lassitude, perspiration of the head during sleep. *Calc.-Carb.* 12 trit., 1 gr. every evening, an enema of honey and water every alternate evening, and hot fomentations for one hour each night. A month after I found her abdomen less, tongue clearer, skin clearer, appetite better, and learned that she slept from 11 p.m. to 7 a.m. Continue every fourth day. Again, after two months, child manifested such decided marks of improvement as to need none but dietetic precautions to perfect her restoration.

I am, yours, etc.,

THOMAS SIMPSON, M.D.

53, Great Western Road, Hillhead, Glasgow,
November 21st, 1884.

DR. DUNN EN VOYAGE.

SIR,—Your readers will perhaps remember an advertisement in the November number of the *Homeopathic World*, inviting invalids to accompany our old friend George Dunn, M.D., to winter in warm climates, and to take a long sea voyage. After ten days the steamship *Arawa*, in which he took his berth, arrived at the Island of St. Vincent, one of the Cape Verde group, and our friend's report seems little short of magic. Many of his friends know that Dr. Dunn suffered from a variety of ailments, some of a most distressing nature, such as difficult breathing, insomnia, prostatic troubles, racking morning cough, dislike to food, etc., etc. On leaving Plymouth the cough was much better, and on crossing the Bay of Biscay the ship encountered a fierce gale of wind, which did not prevent our friend from sleeping all night, nor did it prevent the *Arawa* from displaying her splendid qualities and steaming two hundred and forty miles in face of a fierce gale and very heavy sea. Our friend has been to sea in the largest vessel, the Great Eastern, and the smallest vessel, Commodore O'Brian's boat, built for him by George the Fourth, and therefore may be supposed well qualified to give an opinion of ships' qualities, and he gives the palm to the *Arawa*. As for the luxurious treatment in general and fare in particular he has only one fault to find, and that is that

there is no room for anything for him or any one passenger to do. Tea is brought to his bedside at six a.m.; breakfast at half-past eight; lunch at one p.m.; afternoon tea at four p.m.; dinner—and such a dinner!—at six p.m.; coffee or tea up to ten p.m., when the electric light is extinguished and passengers retire to rest. There may be some invalids too far gone for even this treatment to cure, in which case our friend advises such to make their peace with God, if that has been neglected, and then to make their last will and testament and to leave their large or small fortunes to G. D., M.D.

Yours, etc.,

LONDINENSIS.

LETTER FROM DR. GUSTAVUS PROELL.

SIR,—Allow me to correct your statement in regard to Dr. Schwenninger in your last, vol. xix. p. 531. *He is not at all a homœopath!*

I know him personally. I saw him first at Badgastein, when he was called to treat the Princess Bismarck's gastralgia. I showed him then the electric power of Gastein; and I saw him at Nice last winter, when he accompanied Bismarck's son William, whom he relieved of his fatness only by diet, and afterwards by the same diet the great Chancellor himself.

The true reason is therefore not that he is a homœopath, but because he has been condemned by the justice at Munich for some aberration.

Apropos of Gastein, it is a great homœopathic remedy, as I will prove next year in your journal.

Believe me, dear colleague,

Yours, etc.,

Nice, December 6th, 1884.

D. G. PROELL, M.D.

[We are glad to learn that Dr. Schwenninger is *not* a homœopath, though we were informed on good authority that such was the case.—ED. H. W.]

DR. DE NOÉ WALKER ON HOMOEOPRO-PHYLAXIS.

SIR,—I acknowledge with due courtesy your pamphlet on the above subject. I am glad you have again called attention to it, because I believe it should be more extensively practised than it has hitherto been. Thus, e.g., one of the chief duties of the "family physician" is to study the constitution or individual diatheses of young children, and to endeavour, homœoprophylactically, to correct any acquired or hereditary taint he may detect or know of. As regards the latter, it is best done, and very successfully, during gestation; in those cases that is where we have certain knowledge of the existence of a family predisposition to cancer, phthisis, syphilis, and even gout. Twenty years ago a South American civil engineer came to reside in London for a few months, on business connected with his profession. During his sojourn here his wife conceived for the sixth time, she having already given birth to five boys, all of whom, strange to say, had, without exception, died a few weeks after birth of broncho-pneumonia. She soon began to despond. "I am sure," she used to say, "we shall die childless." I took much interest in the case, and as soon as she had entered the seventh month of pregnancy I administered, twice a week, *Bryonia* and *Phosphorus*, alternating the remedy every fortnight until the child was born. He is now a fine fellow, twenty years of age, and, as the Persians would call him, "the lamp of the household."

As regards the reckless, deceitful, and self-complacent way so many writers and speakers make use of words, and especially of nouns, I would earnestly recommend all to master at least the first 176 pages of Stuart Mill's "System of Logic," and to read at least twice over his Inaugural Address at the University at St. Andrew's. How often do we verify the saying that "Words are the counters of the wise and the money of fools"!

The only point about which I quite disagree with you is where you say the *Lancet* is ignorant of Homœopathy. I am myself quite convinced that the *Lancet* apprehends and understands Homœopathy perfectly well, and believes in it. But I have quite given up believing in the good faith of the allopathic journals on this subject. I believe they are all perfectly convinced that Allopathy must and will gradually glide into Homœopathy, and then declare it to be "quite a

different thing from the so-called law discovered by Hahnemann, and has nothing to do with the trash he taught and practised."

I am, your obedient servant,
ARTHUR DE NOÉ WALKER.

"LYMPH OR PUS?"

SIR,—I have come across the following lines in Wordsworth, "Excursion," book iv. :—

"Thy banks, Cephissus, he again hath trod,
Thy murmurs heard, and *drunk the crystal lymph*
With which thou dost refresh the thirsty lip,
And moisten all day long those flowery fields."

HIEROS.

Bowdon, Cheshire, Nov. 17, 1884.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

BOOKS AND JOURNALS RECEIVED.

The Journal of Medicine and Dosimetric Therapeutics, No. 59.

The New England Medical Gazette, No. 11.

The Homœopathic Physician, No. 11.

Dietetic Reformer.

The Zoophilist.

Monthly Homœopathic Review.

The Calcutta Journal of Medicine, No. 3.

The Australian Medical Gazette, Nos. 34 and 36.

Test Type, by Percy Wilde, M.D.

Homœopathische Monatsblätter V. Jahrgänge to date.

Notes on the Treatment of Mental Disorder. By John D. Hayward, M.D.

Annual Report of the Homœopathic Hospital, Melbourne, 1884.

Allgemeine Homœopathische Zeitung, Bd. 109, Nos. 19, 20, 21, 22.

Revue Homœopathique Belge, No. 7.

United States Medical Investigator, Nov. 1.

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Communications received from Dr. Ussher, London; Dr. Simpson, Glasgow; Dr. Win-

terburn, New York; Dr. D. N. Roy, New York; Dr. Fischer, Sydney, New South Wales; Messrs. Keene and Ashwell, New Bond Street, W.; Dr. Berridge, London; Dr. Pope, Tunbridge Wells; Dr. Dyce Brown, London; Dr. Alfred Drysdale, Mentone; Dr. Adolf Lippe, Philadelphia; Dr. John H. Clarke, London; Dr. Arthur de Noé Walker, London; Dr. Mahony, Liverpool; Dr. Dunn, off Cabo Verde; Londinensis.

The Homœopathic World.

CONTENTS OF DECEMBER NUMBER.

LEADING AND GENERAL ARTICLES:—

The Quackish Behaviour of the Allopathic Sect.

Case of Valvular Disease of the Heart and Hypertrophy, with Dropsy.

Comparative Results of Homœopathic and Allopathic Treatment of the Insane.

The Hahnemanian Lecture, 1884.

The Halogens.

Thallium as an Anti-Syphilitic.

Clinical Cases Illustrating the Difference between True and Delusive Homœopathy.

Why the Negro is Black.

Chronic Tea Poisoning.

British Medicinal Plants.

Senega.

Vapour Bath Cure for Hydrophobia.

Belladonna in Erysipelas Sore Throat.

Clinical Notes—Dysmenorrhœa.

Cyanuret of Mercury in Diphtheria.

Nitro-Glycerine and Chloride of Gold and Sodium in the Treatment of Albuminuria.

OBITUARY:—

Dr. Bernard, of Mons.

Dr. Bernard Baehr.

LITERATURE:—

Arts Medici: an Essay on the Doctor's Art and its relation to Science.

Surgical Emergencies and Accidents.

The Knowledge of the Physician.

CORRESPONDENCE:—

Dr. Alfred Drysdale on the Health of Mentone.

Dr. Ussher on the Simillimum-Searchers.

Presentation to the Editors of the *British Journal of Homœopathy*.

British Homœopathic Medical Directory

1885.

Bryonia Alba (Lin.).

Dr. George Dunn on Mesmeric Anæsthesia.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

TITLE AND INDEX TO VOL. XIX.

THE
HOMEOPATHIC WORLD.

FEBRUARY 2, 1885.

THAT GLIOMA.

THE surgeons are all aglow with the re-annexation of the brain, that had practically passed out of their clever hands. Here is the note of triumph that was sounded in the *Times* of December 16th, 1884:—

“ BRAIN SURGERY.

“ *To the Editor of the ‘Times.’*

“ Sir,—While the Bishop of Oxford and Professor Ruskin were, on somewhat intangible grounds, denouncing vivisection at Oxford last Tuesday afternoon, there sat at one of the windows of the Hospital for Epilepsy and Paralysis, in Regent’s Park, in an invalid chair, propped up with pillows, pale and careworn, but with a hopeful smile on his face, a man who could have spoken a really pertinent word upon the subject, and told the right reverend prelate and great art critic that he owed his life, and his wife and children their rescue from bereavement and penury, to some of these experiments on living animals which they so roundly condemned. The case of this man has been watched with intense interest by the medical profession, for it is of a unique description, and inaugurates a new era in cerebral surgery; and now that it has been brought to a successful issue, it seems desirable that a brief outline of it should be placed before the general public, because it illustrates vividly the benefits that physiological explorations may confer on mankind, shows how speedily useful fruit may be gathered from researches undertaken in the pursuit of knowledge and with no immediate practical aim, and reveals impressively the precision and veracity of modern medical science.

“ This case, then—this impressive and illustrative case—

is that of a man who, when admitted to the Hospital for Epilepsy and Paralysis, presented a group of symptoms which pointed to tumour of the brain—a distressing and hitherto necessarily fatal malady, for the diagnosis or recognition of which we are indebted to bedside experience and *post-mortem* examination. But while clinical and pathological observations have supplied us with knowledge which enables us to detect the existence of tumours of the brain, they have not afforded us any clue to the situation of these morbid growths in the brain-mass, and it was not until Professor Ferrier had, by his experiments on animals, demonstrated the localisation of sensory and motor functions in the cerebral hemispheres, that the position of any diseased process by which they might be invaded could be definitely determined. By the light of these experiments it is now possible, in many instances, to map out the seat of certain pathological changes in these hemispheres with as much nicety and certainty as if the skull and its coverings and linings had become transparent, so that the surface of the brain was exposed to direct inspection. And thus, in the case to which I am referring, Dr. Hughes Bennett, under whose care the patient was, guided by Ferrier's experiments, skilfully interpreted the palsies and convulsive movements which the man exhibited, and deduced from them that a small tumour was lodged at one particular point in his 'dome of thought,' and was silently and relentlessly eating its way into surrounding textures. Not more surely do the fidgetings of the electric needle intimate their origin and convey a meaning to the telegraph clerk, than did the twitchings of this man's muscles announce to Dr. Hughes Bennett that a tumour of limited dimensions was ensconced at a particular point of a particular fold or convolution of the brain—the ascending frontal convolution on the right side.

"Very brilliant diagnosis this, it may be remarked, and nothing more. A conclusion has been arrived at which, should it prove correct, will gratify professional pride; but as it cannot be confirmed or refuted until the poor patient is no longer interested in the matter, and cannot be made the basis of any active interference, no great advance has been made after all, and vivisection has yielded only some barren knowledge. Until quite recently criticism of this kind would have been justifiable in a sense, but now it is happily no longer possible, for another series of experiments

on living animals, undertaken by Professors Ferrier and Yeo, have proved that through our power of localising brain lesions we may open a gateway for their removal or relief. The old notion that the brain is an inviolable organ with *noli me tangere* for its motto—a mysterious and secluded oracle of God that simply falls down and dies when its fane is desecrated by intrusion—has been dissipated by these experiments; and we now know that under punctilious antiseptic precautions the brain—in the lower animals, at any rate—may be submitted to various operative procedures without risk to life or fear of permanent injury. Emboldened by this knowledge, Dr. Hughes Bennett devised a way of helping his patient, whose disease he had diagnosed with such remarkable exactitude, and gave him one chance, if he had the courage to embrace it, of saving his life and recovering his health.

"The patient had the position in which he stood faithfully explained to him. He was told that he laboured under a malady which medicines were powerless to touch, and that if left unassisted he must die in a few months at latest, after prolonged sufferings similar to those which had already brought him to the verge of exhaustion, and which could be only partially alleviated by drugs; but that one outlet of escape, narrow and dangerous, but still an outlet, was open to him in an operation of a formidable nature, and never before performed on a human being, under which he might, perhaps, sink and die, but from which he might, perhaps, obtain complete relief. The man, who had faith in his doctor, and no fine-spun scruples about availing himself of the results of vivisectional discoveries, eagerly chose the operation. On the 25th ult., accordingly, Mr. Godlee, surgeon to University College Hospital, in the midst of an earnest and anxious band of medical men, made an opening in the scalp, skull, and brain membranes of this man at the point where Dr. Hughes Bennett had placed his divining finger, the point corresponding with the convolution where he declared the peccant body to be, and where, sure enough, it was discovered. In the substance of the brain, exactly where Dr. Hughes Bennett had predicted, a tumour the size of a walnut was found—a tumour which Mr. Godlee removed without difficulty. The man is now convalescent, having never had a bad symptom, and full of gratitude for the relief afforded him. He has been snatched from the grave and from much suffering, and there is a good prospect that he

will be restored to a life of comfort and usefulness. In that case he will be a living monument of the value of vivisection. The medical profession will declare with one voice that he owes his life to Ferrier's experiments, without which it would have been impossible to localise his malady or attempt its removal, and that his case opens up new and far-reaching vistas of hopefulness in brain-surgery. Many men and women will henceforth, there is reason to anticipate, be saved from prolonged torture and death by a kind of treatment that has been made practicable by the sacrifice, under anæsthetics, of a few rabbits and monkeys.

“I am, Sir, your obedient servant,
“F.R.S.”

To which the *Guide* makes the following remarks :—

“A CRITICISM ON THE ‘TIMES’ UPON BRAIN SURGERY.

“Under the heading ‘Brain Surgery,’ the *Times* contains a letter of considerable interest from a correspondent, who signs himself ‘F.R.S.’ A more suitable title for the letter would have been ‘A Plea for Vivisection,’ for the interest of the contribution centres round some experiments performed on animals, which, it is alleged by the writer, have been directly instrumental in saving a human life. It would have been more satisfactory for many reasons if the writer had appended his real name. As it is, we must accept the statements contained in the letter referred to with the reservation which is inseparable from anonymous contributions. Assuming, however, the facts to be as they are represented, it appears that Mr. Godlee, Surgeon to University College Hospital, removed from the brain of a man a tumour the size of a walnut, and that the exact situation of the tumour was ascertained previously to the operation by Dr. Hughes Bennett. It is alleged by the anonymous correspondent of the *Times* that, but for Ferrier's experiments, both the diagnosis and the subsequent operation would have been impossible, and that those experiments have therefore been the means of saving the man's life.

“The writer who makes this astounding claim does well to conceal his identity. The merest tyro in surgery could tell him that the operation of trephining the skull is so far from being a modern innovation, that it is coming to be regarded rather as a relic of the past. Formerly, in cases where obscure head symptoms followed an injury to the

skull, it was the rule rather than the exception to remove a portion of the bony covering of the brain in order to relieve the pressure upon that organ. It is therefore ridiculous to suppose that until Ferrier trephined the skulls of monkeys, surgeons were afraid to trephine the skulls of men. But perhaps 'F.R.S.' means that the experiments to which he refers have shown that a portion of the brain substance may be excised without necessarily attended by a fatal result. Assuming this to be his meaning, it will be sufficient to state that this knowledge is not quite so recent as he would like his readers to believe. Clinical observation in every age had shown that, in wounds of the skull with protrusion of the brain, the protruding portion of brain may be removed without affecting the existing symptoms in any appreciable degree. But there is a case in point. Long before Ferrier's experiments shed their light on 'Brain Surgery,' a man engaged in blasting operations was struck on the head by a crowbar. The crowbar passed clean through his skull, in at one side and out at the other. Nevertheless, the man recovered completely from the effects of this severe and dangerous mutilation. When 'F.R.S.' endeavours to persuade his readers that Ferrier's experiments have taught surgeons the possibility of removing a portion of the human brain without killing the patient, he displays an amount of ignorance which is only exceeded by his audacity. Those experiments taught one lesson, however, which 'F.R.S.' has yet to learn: they taught the necessity of caution in deducing any conclusions from such a source, for similar experiments performed by Goltz, of Strasburg, give results diametrically opposed to those obtained by Ferrier. There remains one other possibility. The experiments in question may have enabled Dr. Hughes Bennett to fix the precise situation of the tumour in the man's brain. The fact of the tumour's existence was ascertained by observation of the disturbance to the nervous system which it created; its locality would be approximately determined by the same method of observation. We are asked to believe on the mere *ipse dixit* of an anonymous correspondent to the *Times*, that it would have been impossible to localise the tumour had it not been for the information afforded by Ferrier's experiments. Until full particulars of the case are published, it will be impossible to say what degree of correspondence existed between the symptoms produced by the tumour and those artificially induced by Ferrier by 'stimulating' the brain of a monkey at various

points. The whole force of the argument employed by 'F.R.S.' in favour of vivisection depends upon the degree to which this correspondence exists. Instead of demonstrating this, he simply affirms—or rather implies—that the nervous phenomena in the two cases run in parallel lines. There is no evidence yet before the public that such is the case; and the anonymous writer, whose statements have been examined, has shown himself so ignorant of the subject on which he writes, that something more than his unsupported *ipse dixit* is required to establish the fact of a man's life being saved by 'the sacrifice, under anæsthetics, of a few rabbits and monkeys.'

These are the two sides to the question. Now what is the real aspect of the case? Glioma is a very malignant form of sarcoma, and therefore the poor fellow will pretty surely die any way. The knife is no cure for Glioma wherever situate.

What shall we say of the boasted scientific position of medicine that lowers the flag at every turn and corner and beseechingly appeals to a therapy of blood and iron?

CASE OF OBSTINATE CONSTIPATION CURED BY NATRUM MURIATICUM AND MAGNESIA MURIATICA.

By JOHN H. CLARKE, M.D., Physician to the London Homœopathic Hospital, and Lecturer on Materia Medica to the Medical School.

THE patient was a young married woman, aged twenty. Nine weeks before the time of which I speak she was confined of her second child, and was then under allopathic treatment. She had made a tedious recovery, suffering from great general weakness, a vaginal discharge, headaches, and constipation. A fortnight after her confinement the doctor in attendance had given her an ounce of Epsom salts without any effect. She had suffered from constipation for so long a time that she hardly remembered when she had not. She usually had relief once or twice in the week by artificial means, but on one occasion she went for four weeks without a motion. The motions were very large, but composed of small lumps, and she had much pain after the motion. She had no piles. I gave her, on the 25th of October, 1879, *Natrum Muriaticum* 6, in drop doses three or four times a day. The following day the bowels were moved of themselves. She passed a large quantity of faeces without pain, a thing she did not remember having occurred before. When the motion was

passing she felt faint. Her health was much better in other respects.

On the 26th of November I saw her again. There had been no return of the pain, but the bowels were again constipated. On the 4th of December she was in very good general health, but still constipated. The bowels were moved once or twice only in the week. The motions were large, long, hard, and knotty, but caused no pain. I gave her now *Magnesia Muriatica* 6, one drop twice a day. On the 1st of January, 1880, I saw her again. The bowels were then being relieved quite naturally every morning. I saw her a long time after this, and learned that the cure had proved permanent.

15, St. George's Terrace, Gloucester Road, S.W.

RECENT PATHOLOGY, IN ITS BEARINGS ON SCIENTIFIC THERAPEUTICS; INVOLVING THE QUESTION—CAN HOMŒOPATHIC TREATMENT WITH INFINITEIMAL DOSES CUT SHORT INFECTIOUS DISEASES DEPENDENT ON LIVING GERMS?

A PRESIDENTIAL ADDRESS.

By J. W. HAYWARD, M.D.

(Continued from p. 23.)

Most writers on the germ theory, however, maintain that the pathogenetic germs are *vegetal* organisms, in the form of micrococci, bacteria, bacilli, spirilla, etc. Beale, however, maintains that in most diseases they are *animal* organisms—that is, minute particles of living morbid bioplasm thrown off from the body of diseased persons or animals. And it is quite true that animals as well as vegetables do produce and throw off living particles or germs. Animals as well as vegetables are made up of anatomical units or cells composed of living or germinal matter—the protoplasm or bioplasm already described. These particles or bioplasts, as already remarked, are of extreme minuteness; and they are alive; that is, the matter of which they are composed (bioplasm) is always in a state of internal or molecular, perhaps atomic motion, *sui generis*, or vital motion (Beale, pp. 128—243). The vital motion within the bioplasts of any particular individual is the resultant of the union of the motions of the atoms or molecules of the germ cell and sperm cell of the

parents ; and in healthy persons it is said to be "normal." The motion appears to be most active, or the attraction the strongest, in the centre of each little particle or bioplasm, and drawing inwards, forming a kind of vortex of vital activity, by which the atoms of the surrounding pabulum are drawn in towards the centre of the little particle, where they are impressed with the special vital motion of the particular bioplasm, whether that be normal or abnormal. The atoms drawn into the centre displace those already there, pushing them outwards farther and farther until, pushed beyond the influence of the central activity, they become formed material or cell wall, and are thrown off. Now the same process that goes on with the atoms in the bioplasts goes on with the bioplasts in the body ; they, too, are pushed outwards farther and farther until they are thrown out in the exhalations, secretions, and excretions ; endless numbers of them being thrown out by the breath, by the cutaneous exhalations, and by the urine and stools. These particles being so extremely minute and light float in the air, and are, of course, particularly abundant in the air surrounding animal bodies ; and, floating in the surrounding air, they settle on all things in the neighbourhood, and on the skin and mucous membrane of persons in the immediate vicinity ; they are also taken in with the air they breathe, with the water they drink, and with the food they eat, and thus get into their blood. If the individual from whom they are escaping is healthy, they will be healthy, and perhaps innocent ; but if he be in a state of disease, such as scarlatina, morbilli, variola, pertussis, etc., they will be morbid or pathogenetic, and liable to multiply in the blood and tissues in the manner before mentioned, and to set up the same disease as that in the person from whom they were derived.

Such is, I think, a fair exposition of the germ theory of disease. In it, it will be observed, there are involved three special statements—viz., (1) That many diseases are caused by living germs. (2) That these germs are of *vegetal* origin ; that is, are bacteria of various kinds. (3) That the germs are of *animal* origin ; that is, are particles of the living bioplasm of diseased persons.

I am myself ready to admit that there may be truth in all the three statements. I believe that many diseases are caused by living germs, and that in a large number of diseases these germs are, as Beale says, morbid bioplasts ; whilst in some diseases they may be, in accordance with the

more general opinion, bacteria. The poison which enters as a mere speck, and rapidly multiplies within the body many millionfold within a few days, cannot, I think, be anything else than a living germ. That some diseases, such as purulent ophthalmia, gonorrhœa, and primary syphilis, are caused by morbid particles transferred from one person to another is, I think, beyond dispute; and that anthrax (malignant pustule, splenic fever) is associated with the presence of a bacterium—the *bacillus anthracis*—is, I think, also a patent fact. But between these two extremes we find a large number of diseases, in some of which the evidence pointing to the correct classification is not very clear; these are such as specific influenza, glanders, rabies, morbilli, scarlatina, varicelli, vaccinia, variola, typhus fever, yellow fever, rheumatic fever, pertussis, pneumonia, septicæmia, cholera, typhoid fever, erysipelas, leprosy, tuberculosis, relapsing fever, and some others. Some of those at the beginning of this list, viz., influenza, glanders, rabies, morbilli, scarlatina, and typhus are, to my mind, most probably caused by morbid animal bioplasts, for bacteria have not been found in them, whilst morbid bioplasts have; some of those at the end of the list, viz., relapsing fever, tuberculosis, and leprosy, may possibly arise from bacteria; at any rate bacteria, as well as morbid bioplasts, are found in connection with them. Davaine, Pasteur, Koch, Feltz, Tyndal, and others are of opinion that the germs are in all cases bacteria, and they refuse to recognise any alternative; this has been made very evident in Koch's searches for the cholera germ, in which nothing else but a bacterium or bacillus has been looked for. Whilst, as before stated, Beale appears to be of opinion that the germs are morbid bioplasts derived from previously diseased persons. It is probable that here, as in so many other cases—in *medio tutissimus ibis*—that there is truth on both sides, that in some diseases it may be the one, and in others the other, kind of germ. It would certainly appear probable that in splenic fever, chicken cholera, and the septicæmia of mice and rabbits, the germ is a bacterium, for in each case it can be cultivated outside the body for several generations, and then injected with a degree of certainty approaching the absolute.

Dr. Barron, of Liverpool, has given much attention to this subject, and has made some very beautiful preparations illustrative of the presence of bacteria in various diseases.

Summing up on this matter, Professor Coates, in his recent

work on pathology—one of the best and most recent works on the subject—takes it for granted that there is no other kind of disease germ than the bacterium. Referring to Koch's researches on the septicaemia of mice and rabbits, he writes: "When the blood is examined . . . it is found to contain myriads of minute bacilli . . . producing the disease which Koch calls the septicaemia of mice, . . . and the septicaemia of rabbits is also produced by a bacillus, but one of larger size than that of the septicaemia of mice" (pp. 244-5-6). And referring to Ogston's experiments with pus, he writes: "It would appear, therefore, from these observations, that the active agents in producing inflammations in the tissues are micrococci" (p. 239). On pyæmia he writes: "It must be borne in mind that the emboli are infective, containing organisms which in some way produce an intense irritation leading to necrosis and inflammations, with a tendency to develop suppuration very rapidly" (p. 249). And as to the joints in pyæmia, he writes: "In case of the joints, also, if the micrococci once get admission to the interior, they are likely to multiply in the synovial fluid, and produce a general inflammation" (p. 251). And of the specific fevers he writes: "There are several in which the evidence is tolerably clear that they are as closely related to bacteria as are the septicaemias of rabbits and mice" (p. 253). Of splenic fever (anthrax) he writes: "In this disease there is present in the blood . . . a very definite form of bacterium, which is called the *bacillus anthracis*" (p. 254). . . . It is clear, therefore, that the disease stands in the same relation to this particular form of bacillus as do the septicaemias of rabbits and mice to theirs" (p. 255). And he goes on: "In the next place we have one of the acute fevers—*relapsing fever*—associated with the presence in the blood of a distinct micro-organism of a spiral form. . . . That the disease depends on this organism seems to be established from the fact that it is always present in the blood during the acute stage." "*Typhoid fever* is another disease in which a special form of bacillus has been observed. . . . This organism appears to stand in definite relation to the duration of the disease" (p. 255). "And *erysipelas* is another disease in which bacteria have been found by several observers" (p. 256). It will be seen by these quotations that Coats teaches that the bacteria are considered to be really the *cause* of the diseases referred to. And yet, as if himself somewhat on doubt in the matter, he writes: "Bac-

teria have been found in the tissues in a large number of acute diseases in man, and most of these belong to the class 'zymotics.' . . . All that is asserted in the meantime is that bacteria have been observed in these diseases; it is not meant that each of these diseases depends necessarily on a specific form of micro-organism" (p. 252). Dr. Klein, too, seems to be in doubt on this matter, for when referring to bacilli being found in inflamed tissues he writes: "Whether the presence and growth of these bacilli was the primary cause or only a concomitant symptom (due, for example, to the loss of active vitality of the tissue) remains to be proved." (*Practitioner*, vol. xxxii. p. 409.) Now, Beale, on the contrary, appears to have made up his mind that the germs are in almost all cases, and certainly in all zymotic diseases, morbid animal bioplasts. Referring to *vegetal* germs, he writes: "The diseases of man and the higher animals known to depend upon the growth and development of vegetable organisms, are local affections confined to a part of the body not involving the blood; while, for the most part, the different forms of contagious fevers are general affections in which the whole mass of the blood, and in some cases every part of the body, is affected, and is capable of communicating the disease. . . . In many of the diseases which are at this time considered to be actually due to the multiplication of vegetable germs, it is doubtful if the tissues and organs invaded were perfectly healthy at the time of invasion. . . . In fact, it has been already shown that the fungi which commonly grow on the surface and in other parts of the body, do not produce disease" (p. 77). "In many different forms of disease," he continues, "these germs of bacteria, and probably of many fungi, are to be discovered in the fluids of the body, but the evidence yet adduced does not establish any connection between the germs and the morbid process. . . . Their presence is due rather to alterations in the fluids consequent upon morbid changes, than that they are themselves the cause of disease. They follow the morbid change instead of preceding it" (p. 68). "In cases in which these organisms have been discovered actively multiplying in the blood, that fluid must have already undergone serious changes, which had rendered it unfit for the nutrition of the body. I cannot agree with those who consider that we have evidence in favour of the view that the bacteria are really the active agents in cases in which

the blood has been shown to exhibit the properties of a specific contagious *virus*" (p. 70). "A disease germ," he continues, "is probably a particle of living matter derived by direct descent (degradation) from the living matter of man's organism" (p. 95). He then figures the active living bioplast of pus, of vaccine, of variola, and of varioloid, taken from the vesicles in these diseases, and remarks: "I think they consist of a peculiar kind of living matter, the smallest particle of which, when supplied with its proper pabulum, will grow and multiply, giving rise to millions of little particles like itself, each having similar properties and powers" (p. 145).

Now Beale is, perhaps, the greatest of microscope investigators of the minute structure of animal tissues and disease-germs, and one who has for years worked with higher powers than has any other investigator, except Dr. Drysdale and the Rev. Mr. Dallinger; while he is at the same time the author of perhaps the most complete treatise on the subject in any language. The powers ordinarily used by others appear to have ranged from 300 to 1,800 diameters, whilst those employed by Beale varied from 700 to 5,000 diameters; and he has for many years given especial attention to disease germs in all their relationships; much reliance may therefore be placed upon his conclusions.

And it certainly does appear to me much less probable that vegetal spores should cause typhus or gaol fever in man than that this disease should arise from animal germs, generated by overcrowding and by animal filth in prisons, ships' holds, and human habitations. When, however, such able and distinguished investigators disagree on the matter, we may well allow the question to remain in abeyance; nor is it necessary for us, as practical physicians, that it should be decided either one way or the other: we can go on treating disease quite as successfully whether we know the truth in this matter or not. Living germs being the cause of infectious diseases, and animal and vegetal germs being about equally resistant to our attempts to kill them, and both growing and multiplying in much the same way, it matters very little as to treatment, and even as to prevention, which they are; the same prophylaxis and treatment are required in both cases, and the factors are the same in both—viz., on the one hand the healthy or normal vital action of the individual, and, on the other, the disturbing germs. The normal vital action is the original impulse arising from

the parents, and the germs are the foci of the morbid vital action of the sources of infection. The struggle is between these two motions or forces. It is, as it has been already asserted, the constant effort of the original impulse—the *vis medicatrix*—of the individual to maintain the original normal action of the organism when it exists, and to recover it after it has been deranged by any disturbing cause. Hence, in fact, the natural limitation of morbid processes and the frequent occurrence of spontaneous recovery. Were it not so, when once a morbid process has commenced, nothing but extraneous interference could prevent a fatal issue in every case; this, however, we all know does not occur.

As in almost all other instances, the physician's object in an attempt to cure any of the germ diseases should be to assist the natural tendencies just referred to; that is, to help nature to resist the action of the disturbing germs, and to restore to normal any disordered action. The question is, How can he best do this? As already mentioned, he need not attempt to kill the germs with ordinary germicides, for that this cannot be done has been demonstrated by the germ theorists themselves: nor can he purge them out, nor sweat them out, nor drive them out with diuretics, nor get quit of them by any other of the evacuant means usually put in force by the practitioners of the physiological school; there can be no *tolle causam* here. Nor can the morbid process be diverted to some other or special part or organ by the use of derivatives, rubefacients, blisters, etc. There is, indeed, no place here for the use of any of the classifiable actions of drugs. As to medical treatment, there is, in fact, no sphere for the practitioner of the old school at all in any way; he is quite out of the race altogether, and can only stand by and watch. The germ theory is, therefore, no help to him, except so far as prophylaxis is concerned; he can have nothing whatever to do with the *cure* properly so called; the germ theory, indeed, rather shunts than enthrones him. But does this last new pathological speculation on the nature of disease quite dispose of the claims of *all* physicians to be curers of disease? In the presence of it are all physicians mere cyphers, only to stand by and watch the struggles between the natural powers and the disturbing causes? Certainly not; far from it. Homœopathic physicians can go on curing disease now and in future quite as well as they have done in the past; and continue to show statistics of shortened

illness and diminished mortality, not only absolutely but in comparison with the statistics of the old school, just as satisfactorily as ever. To homœopathic physicians pathological theories are minor matters. *As to the cure of diseases*, it is all the same to them whether the morbid state to be cured is of the nature of spasm, of asthenia, inflammation, or fever; or whether it be the result of some chemical or organic poison; or of the presence of living germs; of the loss of some constituents of the blood the germs may have removed, or some organic or chemical ferment they may have put into the blood. Whether the one or other, or all of these, makes little or no difference to homœopathic physicians, they know that the days of disease-entities have long passed away. Taught by Hahnemann, to them the patient, not some supposed pathological state, is the object of cure: to them, the patient presents deranged vital actions and altered bodily structures that require to be rectified, and to rectify these is their object and duty. How best to do this their leader—Hahnemann—interrogated Nature, and she replied: "Find a drug that will produce a similar derangement of the action and a similar alteration of the structure, and administer that in a quantity too small to induce any other derangement, or to aggravate the existing one, and I will do the rest." Hahnemann did these, and he found Nature faithful to her promise; and so, too, have his followers. To homœopathic physicians, therefore, each patient presents a morbid picture, to which they have to find a "simile" in the pure effects of one or more drugs; they must take into account not only the cause but the physical signs, the objective symptoms, the subjective sensations, and the mental perversions, with their course and progress, and their conditions and concomitants, and not only in the patient but in the medicine also. And they must then administer the medicine pure and alone, in a reliable preparation and in a proper dose, with the necessary repetitions, leaving the rest to nature. It is for the physician to restore the conditions necessary for normal action, but it is nature only that can restore the action itself. So the physician is nature's handmaid, to help her to rectify herself with remedies of her own choosing; he is not her domineering taskmaster, to knock her about with alteratives, or to force her on and derange her operations with sudorifics, purgatives, diuretics and emetics, or to obstruct her operations with astringents, or to press her down and blind or paralyse her with sedatives and narcotics, or in any other

way to thwart her tendency to preserve her own equilibrium. The true physician, if he can give nature no help, will at least offer her no obstruction.

But we come now to the principal questions before us—viz., Is homœopathic treatment as effectual in diseases originating in bacteria or bioplasts as it is in others where no such connection is traceable? That is, can homœopathic treatment with infinitesimal doses cut short infectious diseases dependent on living germs? Or, on the other hand, germs having gained entrance into the blood and there found suitable pabulum, will they run through their life history in spite of anything we can do—will they pass through precisely the same processes whether we interfere or not? If the growth and multiplication of germs can be interfered with, and the course of disease shortened or rendered less severe by medicine, are we sure that such results can be secured by medicines selected on homœopathic indications and administered in infinitesimal doses? And, if our medicines and doses do really shorten these diseases, or render them less severe, how do they accomplish their work?

To give a demonstrative reply to each of these questions separately would occupy too much of the valuable time of this meeting; I must therefore content myself with a general review of the whole subject, and one as brief as possible.

Before an assembly of physicians who have, some of you, for nearly half a century been in the habit of treating all varieties of zymotic disease, presenting every degree of malignancy, with medicines selected on homœopathic indications and given in infinitesimal doses, I need not advance one single argument in support of the fact that disease is shortened and rendered less severe in every one of the instances I have referred to. I need do no more than simply remind you of the frequent experience all of us have had of seeing these diseases rendered less severe, less prolonged, and less deadly by our treatment. We could, however, were it necessary, appeal to statistics in abundance, furnished even by our opponents; for wherever statistics have been collected they have shown unmistakably the power of homœopathic treatment to shorten the duration and diminish the mortality of disease.

In *rheumatic fever*, for instance, "our statistics," writes Dr. Hughes, "compare favourably with those of the old school. There, as you know, first the alkaline plan had been

proved greatly superior to all others in acute rheumatism, and then the results of pure 'expectancy' appeared to be equally good with those of alkali-salts. The conclusion was inevitable, that the latter was so much useless drugging, while the other methods were positively injurious. Our method, therefore, has to be compared with the expectant, and the result is that we shorten the average duration of the disease by from six to ten days." [Therapeutics I., 143.] And we are all familiar with the much more rapid relief of pain and suffering, and the much greater freedom from cardiac complication under homœopathic treatment. In acute pneumonia—"true primary inflammation of the lungs—the 'croupous pneumonia' of the German pathologists," writes Dr. Hughes, "taken altogether they make the mortality of expectancy nearly 19 per cent., while that of Homœopathy rarely reaches to 6." The mortality under the most modern treatment, expounded in Ziemssen's Cyclopaedia, is 12 per cent., that of the late Dr. Hughes Bennett 25 per cent., and that of the ordinary old-school treatment 20 to 30 per cent. [Therapeutics II., 165-6.]

The course, duration, and rate of mortality of the other germ diseases, when not interfered with by medical treatment of any kind, have not been sufficiently made out to allow of a comparison of their true natural history with their progress under Homœopathy, so that the only way of judging of the facts is to compare the results under homœopathic treatment with those under what is known as allopathic treatment. For this purpose sufficient statistics are on record.

Time will only allow us to refresh our memories by reference to a few of these, so we will take three of the most deadly of the diseases referred to—viz., cholera, yellow fever, and typhus.

Cholera.—In this disease, in 1836, comparisons were made in Vienna, where the mortality was: under old-school treatment, 66 per cent.; and under homœopathic treatment, 33 per cent.

In 1849 comparisons were made in Liverpool, where the mortality was: under old-school treatment, 46 per cent.; and under homœopathic treatment, 25 per cent. In Edinburgh, where the mortality was: under old-school treatment, 68 per cent.; and under homœopathic treatment, 25 per cent.

In 1853 comparisons were made in Newcastle, where the

mortality was : under old-school treatment, 50 per cent.; and under homœopathic treatment, 20 per cent. In London, where the mortality was : under old-school treatment, 51 per cent.; and under homœopathic treatment, 16 per cent. [Vide *Brit. Jour. Hom.*, x. 41, 321—Dudgeon.]

In 1866 comparisons were made in Liverpool, where the mortality was : under old-school treatment, with astringents, 71 per cent.; with castor oil, 30 per cent.; and under homœopathic treatment, 15 per cent. [Vide *Med. Chir. Trans.*, L. 127—McCloy and Robertson; and *Brit. Jour. Hom.*, xxv., 90—Proctor.]

Yellow Fever.—In this disease, in 1850, in Rio de Janeiro, the mortality was, under homœopathic treatment, 7 per cent. In 1853, in Philadelphia, the mortality was, under old-school treatment, 80 per cent. In New Orleans, the mortality was, under homœopathic treatment, 6 per cent. In Barbadoes, on board H.M.S. Dauntless, under old-school treatment, 50 per cent. (Vide *North Amer. Jour. Hom.*, III., 503.)

Typhus Fever.—In this disease the average mortality is, under old-school treatment, 21 per cent., and under homœopathic treatment, 10 per cent. Or, excluding complicated cases, under old-school treatment, 10 per cent. (Murchison); under homœopathic treatment, 0 per cent. (Hughes, I., 72).

So that, taking three of the most deadly of the germ diseases, homœopathic treatment with infinitesimal doses is—in *Typhus*, 11 per cent.; in *Cholera*, from 21 to 43 per cent.; and in *Yellow Fever*, from 46 to 73 per cent. more curative than ordinary treatment!

Surely such statistics as these demonstrate plainly enough that homœopathic treatment with infinitesimal doses is effectual in germ diseases as well as in those not traceable to living organisms.

If it be asked, How do medicines selected on homœopathic indications and given in infinitesimal doses cut short infectious diseases dependent on living germs? the answer is, In the same way that they cut short diseases dependent on any other cause—viz., by assisting nature to resist the disturbing germs, and helping her to restore the normal action and repair the damage done. And this assistance is rendered by using the remedies pointed to by the rule of similars: this rule nature herself revealed to Hahnemann.

As already affirmed, the germs having once gained entrance into the blood and tissues, and found suitable pabulum, the removal of the cause, as this is ordinarily understood, is

quite out of the question ; it is absolutely useless to attempt to kill germs in the blood by the usual germicide treatment. This is candidly admitted by the best practitioners of the old school. Even in some of the parasitic diseases of the skin, where the germicide can be applied directly to the locality of the disease, Mr. Startin and other specialists admit that the germs cannot always be killed by ordinary germicide applications, and that some cases of these diseases cannot be cured at all by merely topical treatment, and they consequently recommend that we should place our main reliance on constitutional treatment, with the view of starving out the germs by altering the conditions under which they live. Hence in cholera, whose germs infest the intestinal canal, Koch has shown that they cannot be killed by the exhibition, or even by the injection, of germicides. And so also in the constitutional germ diseases, such as typhoid fever, tuberculosis, relapsing fever, and even splenic fever, the internal administration of germicide drugs has been abandoned by the best practitioners, and such diseases are left almost altogether to sanitary measures, with rest and nourishment. Curative medicines they, of course, do not profess to have. Rest and nourishment, under sanitary conditions, are, however, surely not all the treatment to be expected from physicians—medicine men ! They ought, at least, to endeavour to alter the condition of the blood and secretions, that the germs might not be able to flourish in them. Different disease germs, like all other living things, grow and multiply under different conditions, and live on different kinds of food. Pabulum suitable for one kind—the yeast germ, for instance—will kill another kind—the pus germ, for example—and *vice versâ*. In his Bradshawe lecture (*Lancet*, Dec. 16, 1882, p. 1020), Sir James Paget says : “Just as in agriculture, soils must be studied as well as seeds ; seeds will not germinate in an unfit soil.” The blood that is food for some kinds of germs has been proved to be poison to other kinds ; so that, by altering the character of the blood, we may destroy their means of existence. A very little, perhaps a mere atomic or metabolic change, may be sufficient to ensure their death. That very slight differences in the blood are sufficient to determine whether the germs shall live or not has been demonstrated by the germ theorists themselves ; Koch, for instance, has shown that the germs of the septicæmia of the domestic mouse injected into the blood of the field-mouse

die immediately, and so with other germs and different animals. [Vide Coats, pp. 260-4; also Green's *Introduction to Pathology*, 6th edition, pp. 484-5 and 494-5.] And again, the germs of variola, morbilli, scarlatina, typhus, pertussis, and other infectious diseases, cannot live in the blood that has been already altered by an attack of the disease. Nor can the germs of variola live in the blood that has been altered by *vaccine lymph*; nor even those of anthrax, chicken cholera, or rabies live in the blood that has been altered by vaccination with attenuated virus, as Pasteur has shown. And it is also well known that the germs of ague cannot, as a rule, flourish in the blood that is under the influence of *Quinine*; nor the germs of yellow fever in the blood that is under the influence of *Crotalus*; nor the germs of smooth scarlatina in that under the influence of *Belladonna*; nor those of algide cholera in that under the influence of *Camphor*; nor those of suppurative inflammation in that under the influence of *Hepar*; nor those of syphilis in that under the influence of *Kali Bichromicum*; nor those of some epidemics of morbilli in that under the influence of *Aconite*; nor those of vesicular erysipelas in that under the influence of *Rhus*; and so on with all true homœopathic specifics. Homœopathic medicines are, in fact, substances that have the power to produce alterations in the blood analogous to different morbid states, so as to induce a kind of immunity, or at any rate a diminished susceptibility, in the manner, though perhaps not to the extent, of a previous attack of the disease; or after the manner of the attenuated viruses of anthrax, chicken cholera, rabies, vaccine lymph, etc.; or in the way of the physiological and medicinal antidotes to poisons, as *Belladonna* to *Opium*, *Atropine* to *Morphia*, *Chloral* to *Strychnia*, *Alcohol* to serpent venom, etc. Those homœopathic medicines which produce changes analogous to the specific germ diseases are—the serpent venoms, some insect venoms, *Belladonna*, *Camphor*, *Rhus*, *Aconite*, *Arsenicum*, *Iodium*, *Sulphur*, *Quinine*, *Veratrum*, *Mercurius*, *Hepar*, and some others. These are, therefore, the medicines that have the power to cut short germ diseases. And that they will do so, and have done so, I have already given ample evidence by statistics. Which of them to select, however, in any given case is not a matter of indifference, it is of essential importance, for it may be that only one of them is capable of producing the special change

required, and to miss selecting that one might be to miss curing the patient. For instance, to cut short smooth scarlatina one particular medicine is required, viz., *Belladonna*; but this will not cut short purpura miliaris, or morbilli; and to cut short haemorrhagic scarlatina and yellow fever, *Crotalus* is required; but this will not cut short typhoid, or relapsing fever; and so on. How the selection is to be made is, then, a very important problem; but nature has not left us helpless here, either; she has herself taught us how it is to be done—viz., the medicine chosen must be one the pathogenetic effects of which resemble those resulting from the presence of the particular germ. How complete and perfect then, and simple withal, is the science of therapeutics under the rule of similars! The practical application of it may indeed often be unsuccessful, because it is in the hands of fallible human instruments; but the science itself is as perfect as the provisions of nature usually are. Pathology and diagnosis being imperfect, and frequently unable to interpret the true nature of disease, the treatment based on them frequently fails and is disastrous; but by a faithful narration by the invalid of his sufferings to an observant and educated physician, and the selection of the true simile, a cure may frequently be brought about *tuto, cito, et jucunde*, whether the pathology and diagnosis be true or not. What an elevated position of superiority is, then, occupied by the physician who practises homœopathically! Unlike his colleague of the physiological school, whose treatment is based upon the pathological speculation of the day, to the homœopathic physician, whether the germ theory or any other such theory be true or false, and whether the germs are vegetal spores or animal bioplasts, are matters of little moment; he can go on relieving suffering, curing disease, and shortening convalescence all the same! What a blessing to mankind! And what a privilege and honour to himself! Let the homœopathic physician, then, go on his way rejoicing; and let him thank God that, though a martyr to professional prejudice, he is a conscientious scientific physician, and a benefactor to his race.

A NEW REMEDY FOR DIABETES.—SIZYGIUM.

THE fruit of the *Sizygium jambolanum*, an East Indian plant belonging to the natural order Myrtaceæ, has recently been somewhat in demand on the continent for use in the treatment of diabetes. M. Banatrala has found in three cases in which he has tried it that its use led to a diminution in the amount of urine secreted, and that it caused the disappearance of sugar. The results were manifested in forty-eight hours after taking the medicine. During the time that the patients were submitted to the action of the drug, they could take amylaceous food with impunity. The astringent rind of the fruit seems to be the active part.

POISONING BY NITRIC ACID.

DR. J. HEBER SMITH reports the case of a young gentleman who had been exposed to the fumes of nitric acid, and who suddenly felt exhausted, as he expressed himself, and pressed for breath, and scarcely able to stand; he at last fell and began spitting green slimy matter, having at the same time pricking pains as if he were being "prodded with some sharp instrument in the head, face, and body." The next day he felt better and returned to his labours. Soon, however, he was attacked by violent vomiting, accompanied by pricking pains in the head, face, lips, gums, and sharp aching in the jaws. These pains grew more severe by night, becoming almost insupportable, and were only partially relieved by binding the head tightly with a cold compress. He was obliged to return home and go to bed. He imagined himself dying on account of a sense of horrible constriction across the lower part of the chest, accompanied by dyspncea and incessant cough with raising of a greenish, slimy sputa; terrible nausea with unquenchable thirst, drinking causing increase of pricking pains in the stomach and vomiting; sensitive to slight noises, they causing shocks in the head; swelling of the lips with burning pain; dull pain in the bones of the head; pricking sharp pains through the forehead, temples, and malar bones, and also in the gums and teeth; painful raised papillæ on the tongue; aching in the limbs; delirium, fancying himself suddenly rich, etc.; ugly, raving. On the third day the patient was beside himself with pains and angry at his attendants, slightly delirious; constant spitting of green mucus, and about once in fifteen

minutes vomiting of the same, followed by neuralgic pains in the gums, teeth, and jaws; throat sore with smarting sensation down the cesophagus; burning in the chest and sense of severe constriction; catching of the breath at every attempt at full inspiration; muscular soreness through the intercostal spaces; severe pain in the hypochondria in the morning passing up the walls of the thorax, coming together at the upper third of the sternum, causing a terrible fit of coughing, after about twenty minutes, lasting some ten minutes with bursting headache and pricking pains in the face and temples, etc.; sharp cutting pains all through the abdomen, centring at the stomach pit; about once an hour terrible cramps in the abdomen, not relieved by stools of black fluid. In the evening Dr. J. H. Smith was called, and on account of the feeble and irregular pulse, cold moist surface and symptoms of oedema of the lungs, gave *Verat.-Vir.* 1x. Other symptoms noted during the further progress of the case were as follows: lips swollen to twice their natural size; blisters and swollen papillæ on the dry, brownish-hued tongue; pallid bluish-coloured face, which was pinched, and the eyes wild and staring with dilated pupils; great restlessness, the patient tossing and rolling about in the bed and frequently getting out of bed to sit or walk the floor; ringing in the ears with stopped-up feeling, and after trying to sing, marked deafness; belching of gas with aggravation of the pricking pains in the stomach; constant sour taste in the mouth; violent pains in the face, pricking on lying down, better on rising; drawing pains under both scapulæ with constriction of the chest as by a rope drawn tightly around the lower part of it; coughing violent, spasmodic, ineffectual, ending in gagging; great weakness and languor; appearance of pain in the lumbar region; the urine like brandy, not strong in odour; later and after several days more it became somewhat more abundant than normal with only occasionally a slight hippuric odour; great hunger; imagines he is going to die; some epistaxis; smarting in the eyes and lachrymation; small ecchymoses and papulæ appear here and there and disappear again; subsultus, twitching of the facial muscles; constipation, with pricking cutting pains in the anus during stool. On the seventh day, some dulness on percussion over the lower parts of the chest with dulness of respiratory murmur; considerable raising of frothy mucus, with rawness of the chest on coughing. On the eighth day, raised about an ounce of bright blood while coughing, after

which he breathed with more ease. Recovery now proceeded without interruption or without the occurrence of new symptoms.—*N. E. Med. Gaz.*, September, 1884.

THE MATERIA MEDICA OF THE FUTURE.

By E. W. BERRIDGE, M.D.

DR. HUGHES has read a paper on this subject at the recent Congress held at London, and as he is one of the editors of a new edition of the *Hahnemann Materia Medica*, of which one volume has just been published under the name of *Materia Medica, Physiological and Applied*, and the British editor of the forthcoming Anglo-American *Cyclopaedia of Drug Pathogeny*, we may conclude that these two works will, at least to a considerable extent, fairly represent his views on the subject. I purpose to examine the volume just issued, and ascertain how far the ideal of a Homœopathic *Materia Medica* is realised.

But before entering into this investigation, let me call attention to a remarkable circumstance. A discussion has been lately carried on as to whether *Similia* is a law of nature or merely a rule of practice; whether it is absolute or conditional; whether, in short, the formula is *Similia similibus curantur* or *curentur*. Without now referring to what HAHNEMANN really wrote and intended, I will call attention to the following sentences to be found on page 13 of the preface:—

(1) "The well-known therapeutic rule, *similia similibus curentur*."

(2) "The definition of the homœopathic principle which we [*i.e.*, the editors, Drs. Drysdale, Dudgeon, Black, and Hughes] think the best—morbid states are cured by drugs which produce their pathological *simile* on the healthy body."

Therefore, putting aside the fact that the "pathological *simile*" of the editors is very far from comprising all that is implied in the "totality of the symptoms" of HAHNEMANN, we have here the remarkable implication that whereas to say "like cures like" is dogmatic and very wrong indeed, and should always be rendered, "let likes be treated by likes;" yet, to say "morbid states are cured by drugs which produce their pathological *simile*" is quite correct! Of course, it is equally dogmatic, but then it sounds so much

more "scientific," and all that sort of thing, don't you know !

The first edition of this work was commenced in 1851, three medicines—*Acon.*, *Ars.*, and *Kali Bich.*—being then arranged ; later on *Uran.-Nit.*, and afterwards *Bell.*, were added. The arrangement was, within certain limits, left to individual judgment, and it was hoped that in time a uniform plan would be agreed upon by all, as being found practically the best. It is now very disappointing to find that the experience of over thirty years has not yet enabled the compilers to decide which plan should be definitely adopted ; so in this volume, which contains but six medicines, we find four different arrangements. How puzzling and annoying it must be to the busy practitioner is obvious.

But, after all, the execution of such a work is of the greatest importance. As we have already Allen's gigantic *Encyclopaedia*, containing the schema of the pathogenesis of our medicines almost down to date ; and in addition to this Hering's *Guiding Symptoms* in course of publication, containing all characteristics, clinical as well as pathogenetic ; it is obvious that no new work is required that does not present some new and striking features. In the prospectus of the Hahnemann Publishing Society we read : "The essentials of a pure Materia Medica are that it shall be a record of the pure effects of the drug ; and that they shall be recorded in the natural order of their occurrence, with the conditions, the concomitants, and the connection of the symptoms carefully maintained, so as to give a true picture of the morbid state producible by the drug. And this is the only Materia Medica in which this plan has been followed" (italics as in original). Now, it might be pointed out that the latter clause is incorrect ; and also that if the daybooks were essential to such a knowledge of the pathogenesis of drugs as is required in order to prescribe successfully according to the homœopathic law, then HAHNEMANN'S own schemas of the drugs mentioned in his *Materia Medica Pura* and *Chronic Diseases* would be of no avail. Passing over this, however, let us see how the advertised plan is carried out in the volume before us.

In *Aconite*, arranged by Dr. Dudgeon, the daybooks and poisonings are for the most part fully given, followed by a condensed schema, and thirdly by a *résumé* of clinical experience. But unfortunately Dr. Dudgeon has fallen into the now fashionable habit of excluding symptoms arbitrarily,

simply because *he* does not consider them reliable. A writer of a "Text Book," or "Characteristic" or "Condensed Materia Medica," necessarily exercises his discretion as to what symptoms are *most* valuable; and he does this righteously, because the very title of the work implies that it is a condensation according to the ideas of the compiler; but the author of a "Materia Medica" has no right to wilfully omit a single symptom given by an honest and intelligent prover; only when a supposed prover has been convicted as a rogue (as in the case of Fickel) should his supposed symptoms be excluded. Dr. Dudgeon has, however, thought fit to mutilate one of the late Mr. Robinson's provings, to omit another of the same prover's, and even to omit those of Dr. T. S. Hoyne, *confirmed as the latter are by other provings*; and inasmuch as all these are given in Allen's *Encyclopaedia* there can be no excuse made on the ground that he did not know of them. The reason that Robinson's proving is mutilated seems to be that it was chiefly made with Jenichen's high potencies, Jenichen being, as is well known to the readers of the *British Journal of Homeopathy*, Dr. Dudgeon's *bête noir*. Thus Dr. Dudgeon says (p. 72), "There must, as he himself observes, have been something wrong about the tincture he employed, as he took as much as fifty drops for a dose without observing any effects. On the other hand, the doses of the high potencies (1,000 and 2,000 Jenichen) were followed by numerous symptoms, which casts suspicion on the genuineness of the proving." Dr. Dudgeon's logic is certainly *sui generis*; if he really does not know why the high potencies (made from a good tincture) had more effect than a badly-prepared, crude tincture, I would recommend him to study Section 128 of HAHNEMANN'S *Organon*; as it is now thirty-five years since he translated that work, it is possible he may have forgotten that important paragraph.

Crotalus, by Dr. Hayward, is arranged with more system than the rest; the daybooks and poisonings are given with a schema, and the clinical part is very full. But Dr. H. also has fallen into the same expurgation heresy. At p. 161 he says of Mure's provings, "It is to be feared that many of the symptoms registered are not the results of *Crotalus* at all; only a few of them, therefore, have been incorporated in the present essay." Possibly it is so, but—possibly not; and why should physicians who wish to use this book be thus deprived of the opportunity of putting them to the

clinical test? Babies are said to like food that the nurse has chewed for them; full-grown men prefer to chew it themselves. *Verbum sap.* Dr. Mure endorses these provings, which were made under the supervision of either himself or his pupil, Dr. Martins; Dr. Hayward did not supervise them. Which is likely to know best as to their reliability? In two other instances I regret to find that Dr. H. has allowed his prejudice to overcome his reason. At p. 157 he says of the late Dr. Higgins's *Ophidians*, "Its main object is to support the delusion that a serpent's gall is the antidote of its venom." I was under the impression that Higgins had demonstrated this to be a *fact* and not a delusion. What evidence does Dr. Hayward propose to adduce in favour of his depreciatory remarks on Higgins's accuracy? Again, p. 191, he says, "All scientific investigation appears to limit the divisibility of *simple* matter at from about the 12th to the 18th attenuation of the centesimal scale; and of all *organic* matter from about the 9th to the 12th. It would therefore be unsafe, to say the least, to carry the attenuation of *Crotalus* venom beyond the 12th centesimal, and it would be unwise to carry it beyond the 9th." And these improved *theories* are set up in the face of the thousands of *facts* that the true followers of HAHNEMANN have observed for more than half a century! But the richest part of the joke is that at p. 296 Dr. Hayward reports a cure by *Crotalus* in the Two HUNDREDTH POTENCY!!

Dr. Drysdale's essay on *Kali Bichr.* is arranged, like that in the first edition, on a new plan of his own, a sort of compromise between the daybooks and the schema; and, like most compromises, possesses all the disadvantages and none of the advantages of either. And here the pruning knife has been used to a greater extent even than in the case of *Acon.* and *Crotal.* In the original essay of 1851 Dr. D. gave a long note stating his reasons for omitting several symptoms. In 1865 Dr. Ad. Lippe pointed out that *some of these very symptoms had been verified in practice.* Yet this note is repeated in the new edition almost *verbatim*, and the same wholesale exclusion of symptoms resorted to. Dr. Drysdale seems to approach every proving with a bias against its reliability. This is not the frame of mind in which to arrive at truth. The mind should be left open to conviction; and if there be any just grounds for doubt we ought rather to give the prover the benefit of the doubt, remembering that

no honest physician will record a symptom unless he has good grounds for believing it to be the effects of the drug, and that no one else can decide that point half so well as himself. It is also to be regretted that Dr. D. has omitted several very important cases cured with this remedy, apparently for the sole reason that the 200th and higher potencies were used, while, nevertheless, he gives us about twenty pages on the *allopathic* use of chrome salts! I will here point out that by a clerical or printer's error, such as will happen "even in the best regulated families," the following portion of symptom 42 is omitted (it is given in the first edition): "Obstruction of left nostril, with discharge of thick yellow mucus on fourth day." Two omitted cases of poisoning are quoted in *The Organon* vol. ii., p. 367, from the *Annals of B.H.S.*, February, 1879.

The remaining three medicines, compiled by the late Dr. Black—viz., *Dig.*, *Plumb.*, and *Nux*, may be dismissed in a few words. All three sections, the daybooks and poisonings, the clinical experience, and the schema, are miserably imperfect. A comparison of Dr. Black's schema with that of others will show this in its truest light. Allen gives 1,084 symptoms of *Digitalis*; Black gives only 299! Of this remedy the latter says, "The letter H and following figures denote the symptoms as drawn from Dudgeon's translation of HAHNEMANN's *Reine Arzneimittellehre*. So it would appear that the symptoms that HAHNEMANN subsequently added in his *Chronic Diseases* are here unceremoniously omitted; I presume, upon the latest pretext that they were possibly the supposed effects of high potencies on the sick. Under *Plumbum* Allen gives 4,163 symptoms, while Black gives only 281, arbitrarily omitting the greater number of those given by Hartlaub and Trinks. Finally, while Allen gives 1,591 symptoms of *Nux*, Black gives only 245!!! He admits that HAHNEMANN's schema "consists of 1,301 symptoms, of which 1,200 are warranted by HAHNEMANN himself." What, then, has become of the remaining 955, all "warranted by HAHNEMANN himself"? What right has Dr. Black to contemptuously ignore these symptoms? It cannot at least be pleaded that these belong to the *Chronic Diseases* period, or that they are from the much-ridiculed high potencies; for Dr. Black admits that "all, save perhaps those of the last-named [Wahle], were probably the effect of appreciable doses on the healthy subject." Further comment is unnecessary. Is the term "caricature" too strong to be

applied to such a pathogenesis? One would fain hope that Dr. Black's ill-health might be pleaded as an excuse for his shortcomings; but his rendition of *Arsenic*, published thirty years ago, was of the same character.

How long will the profession be content to accept works like these? Hering's plan, published years ago, and carried out by him as far as his means would allow, is the only true one:—(1) *All* the daybooks, (2) *all* the clinical cases, (3) *all* the symptoms arranged in a schema. But this, it is to be feared, will not be realised by the present race of physicians unless some new Hering should arise. The very latest development is that the British Homœopathic Society and the American Institute of Homœopathy have joined in unholy marriage; that from their fraternal embraces may be produced—a miserable abortion, an insult deliberately flung in the face of HAHNEMANN himself, a *Materia Medica* (save the mark!) from which *all symptoms reported as coming from attenuations above the 12th decimal are to be excluded, unless in accord with symptoms from attenuations below*. Surely, to parody the words of the poet, "The force of folly could no further go." Some of the most valuable symptoms ever recorded have been produced by the higher and highest attenuations, and these attenuations have manifested not only curative but pathogenetic powers, which the lower do not possess. And when we find that the English editor of this international production is the same Dr. Hughes who has edited, and so endorsed, Dr. Black's chaotic crudities, we are tempted to exclaim,

"Non tali auxilio, nec defensoribus istis
Tempus eget."

There is, however, one feature of this newly-published volume with which all true homœopaths must agree. Though published by the HAHNEMANN Publishing Society, and though, in its first edition, bearing the honourable though somewhat presumptuous name of the HAHNEMANN *Materia Medica*, in this edition the name of HAHNEMANN is dropped from the title-page! This is only another instance of "the eternal fitness of things," for assuredly HAHNEMANN would never have endorsed such fragmentary compilation as this; neither will his disciples.

48, Sussex Gardens, Hyde Park, W.

BELLADONNA AND YELLOW LOAM IN A CASE OF "RED ECZEMA."

By G. RICHARDS GRAY, B.Sc., Ph.D.

IN the month of August, 1884, Mrs. P. consulted me relative to a severe attack of "Red Eczema," together with declared erysipelas. The eczema presented a corrugated surface from the knee to the instep. There had been periodicity in the attacks, the first seven years since, which lasted for a twelvemonth, subsiding for a year, then another attack for the same length of time, and so on to the last.

Several eminent allopathic practitioners and physicians had been consulted, yet the result had been as stated, only a partial benefit. A feature in this case rather peculiar—no application of cerate could be made, "lotion" only agreeing with the skin; neither could oil-silk be worn.

The internal treatment embraced *Sulph.*, *Hyos.*, *Acon.*, *Sanguinaria*, with *Calc.-Carb.* (at mid-day the last-named). The external application being a lotion of *Sanguinaria* in alternation with *Belladonna*. There was a gradual improvement. About three weeks since I applied *Cort. Ulmi Fulvae. Pulv.* as a poultice, for five days, and from that time till now have used Yellow Clay as a plaster, with *Belladonna* lotion on the surface, with the result that it is now well. And it may also be noted that the health of the patient, which usually suffered greatly, has been better all through than for the last twenty years. The lady and her family are gratified and proud of the success.

Perhaps some other practitioners will give us their experiences in the same direction, as I am led to expect great things from the last application. I am pursuing similar treatment in two other cases at the present time.

CHRISTMAS TREE AT THE HOMŒOPATHIC HOSPITAL.

ON the evening of Thursday, 8th January, the usual Christmas-tree entertainment given to the patients of this hospital took place, a numerous company assembling to assist in the amusements provided for such of the patients as could bear the mild excitement of the occasion. Of course, the little inmates, joined by a number of poor children who have been in the hospital during the past year, fully appreciated the good things provided for their

comfort. The funds for the purpose are contributed by the Board of Management and the Medical Staff, supplemented by various gifts of toys and clothing by liberal friends, and are chiefly expended in useful presents, articles of woollen clothing, and other gifts of a kind likely to be appreciated by the poor, and beneficial to them in their struggle with hard times. Various kind friends of the hospital assisted in the amusements for the children and older patients.

There are between sixty and seventy patients now in the hospital, a fair proportion of them being children, and the ward specially devoted to the latter is among the most pleasing features of the hospital. This number is greater than in recent years, and the charity is, of course, in great need of new annual subscriptions.

A LECTURE ON ACETICUM ACIDUM.

By Prof. J. T. KENT, M.D., St. Louis.

A PERSON who had been taking vinegar for some time will have a *pallid, waxen, emaciated* countenance and *vomiting*; also ulceration of the throat. A pot of vinegar on the stove is very beneficial in some diseases. You cannot cure a chronic disease if you allow your patient to use vinegar. (*Lachesis* will work with it.) When curing a chronic disease you must stop your patient from eating pickles. There are two rules I adhere to: first, in *acute* diseases I generally let patients have anything they crave; second, in *chronic* disease I do not. A drunkard craves that which is killing him—alcohol. Sour things must be prohibited; you must select a remedy that will antidote these tastes and cravings. For alcohol and tobacco, *Caladium* or *Asarum europium*. Vinegar is craved by old alcoholics. Acetic acid runs as a type in many of these troubles. An old consumptive, when permitted to drink vinegar, will decline very rapidly, and if he is predisposed to haemorrhages he will have them frequently.

The patient is dull, low-spirited, and depressed, both mentally and bodily. Patients addicted to the use of vinegar to excess do not recognise their own children; acetic acid is homœopathic to this state in disease. Conditions brought on by the habitual use of coffee, tobacco, opium, and alcohol are antidoted by acetic acid very high. Nose-bleed in anaemic subjects who look *pale, careworn*, and are subject to diarrhoea alternating with constipation, or have had the flow

of bleeding piles suddenly checked. Under acetic acid we have a breaking down of the red corpuscles and mucous membranes ; this condition predisposes to haemorrhages. These patients take cold easily, and are subject to frequent catarrhal attacks.

Milk impoverished, bluish, transparent, strong, sour taste and odour ; deficient in caseine and butter (*Silicia* also). Patient loses flesh and gets marasmus. (Diphtheria that begins in the larynx and goes up—*Bromine*.) Acetic acid has an exudation of a fuzzy, white appearance in the throat (larynx) ; child had been vomiting. Wrap throat with a cloth saturated with vinegar, place a vessel containing vinegar on the stove, and give acetic acid *high*. Croup must correspond to these symptoms : difficult breathing from laryngeal obstruction, pseudo-laryngeal croup. A croup-like, hollow sound with each INHALATION. (In the *Aconite* croup the sound occurs with the EXHALATION. The *Aconite* croup has the following : The day before has been sharp and cold ; the mother has been out with the child ; when she returns she puts it to bed ; at about ten o'clock, or before midnight, the child awakens, grasps its throat, and croups. It has the appearance of ANGUISH and fear of death.) Acetic acid is foremost in dropsy with a diarrhoea. In *diabetus insipidus* there is a large amount of light-coloured urine (almost as clear as water) ; the urinometer stands at about 1015 ; GREAT THIRST and EMACIATION. *Night-sweats* very profuse, and you have the same cachectic countenance. Night-sweats in consumptives and old chronic invalids, or after typhus, when they do not recover readily. Haemorrhages from lungs, stomach, and bowels. It is useful, also, in stings of wasps. If you cannot get *Ledum*, apply vinegar locally. *Ledum* is a grand remedy for these poisonous stings. (Whenever there is a laceration and threatened tetanus—*HYPERICUM*.) Acetic acid is an antidote to all anaesthetic vapours. After a patient has taken chloroform he is sick at the stomach, and there is no reaction ; the inhalation of diluted vinegar will restore him.

Pale, waxen, emaciated countenance is a very important symptom. This is acetic acid's "red-string." In all cases where vinegar has been taken, and those cases needing it, you will find the patient pale, waxen, and emaciated. The teeth feel dull and sometimes on edge. An important symptom is, indications of white film low down in the fauces. This is a remedy for croup, some dropsties, and *diabetus*.

insipidus—not where there is *sugar*, but a great quantity of watery urine. There is an inflammation of the throat which is cured by wrapping it with a flannel saturated with vinegar. Children swallow with some difficulty even a teaspoonful of cold water. In connection with this case the child will be *pale, waxen*, and *emaciated*. The patient is *run down* in this remedy. Ashy-coloured exudations in the throat. An important symptom is: *no thirst in fever*, but there is *thirst in dropsy*. You would hardly think of any other remedy in consumption with dropsy of the feet and legs extending to the knees, especially if there is *great thirst*. *No thirst in croup or fever*. It also disturbs very greatly the pneumogastric nerve; hence we have nausea and vomiting. It may go on to ulceration of the stomach, and with this symptom we have a *pale, waxen* countenance. The stomach becomes so debilitated that the patient vomits after every particle of food, but it is said he retains water. (The *Bismuth* patient vomits every drop of water as soon as it touches the stomach. In *Arsenicum* the water, when taken, is either vomited or passes THROUGH the patient immediately. Under *Phosphorus* the water comes up as soon as *warm* in the stomach.) Vomiting after every meal. The contents of the stomach feel as if in a ferment. Cold sweat on the forehead. Diarrhoea, with swelling of the limbs and feet (dropsy) in phthisis. Diarrhoea in the latter stages of typhus and typhoid fever. Now, in this latter diarrhoea there is *no thirst*, but in the former diarrhoea there is *violent thirst*. In profuse haemorrhoidal bleeding you would not think of this remedy if the patient was *stout and robust and hearty*, but if *waxen, careworn, tired, and broken down*. A guiding symptom in pregnancy is: sour belching and vomiting, with profuse water-brash and salivation, day and night. A person can be salivated as well by vinegar as by *Mercury*. *Calcarea* is very similar to this state during pregnancy. (A remedy for vomiting in pregnancy is *Symporicarpus racemosus*.) Local applications of vinegar for haemorrhages after labour.—*Hom. Phys.*

SECTARIANS AND SENTIMENTALISTS.

PERSONS who unite in efforts to propagate or to oppose any particular doctrine or belief, are sectarians in the true meaning of that term. For instance, those who, on the one hand,

organise themselves into societies for the purpose of promulgating Homœopathy, and those who, on the other side, organise to oppose and repress it, are, one and all, sectarians. The fact that the members of one sect are more numerous than those of the other does not affect their claim to the title, any more than does the fact that their ostensible object differs from their real purpose, or that they have a number of objects instead of but one. Considering that it is the duty of men, holding opinions upon important scientific and moral questions, to promulgate those opinions in all honourable ways, and that unanimity upon important topics is not a possible attainment, it would appear that sectarians—earnest, aggressive sectarians—are about the only people worth having around.

Montgomery, as quoted by the dictionary-makers, tells us that a sentimentalist is one who has, or who affects, sentiment or sensibility; and we learn that sentiment means: *first*, sensibility, feeling, emotion, etc.; and *second*, thought, notion, opinion, judgment. Hence, to ascribe sentimentalism to an individual, may be to pay him an unintentional compliment. It usually, however, is intended to mean emotionalism, and to be the reverse of complimentary. Yet in many cases emotions are the resultants of thought; sometimes of most correct and profound thought and judgment. Particularly is this often true of joy, pride, patriotism, indignation, fear, and some others. Not seldom do we find the most intense emotions exhibited by men of the most profound thought. If Washington was more intensely indignant at the treason of Arnold than were some of his private soldiers, it was simply because he knew better than they its far-reaching and disastrous consequences. Yet the phlegmatic soldier could, with truth, have termed his commander a sentimentalist. For these reasons we were not perturbed when we read in the September number of the *New York Medical Times*, that—

"The recent meeting of the 'American Institute of Homœopathy'—the sectarian title by which this organisation seems proud to be styled—from what we can gather, was managed much after the usual plan of sensational sentimentalism."

If the members of the Institute appeared to the eyes of the *Times* to be under the spell of a sentimentalism, it was probably because they knew the true value of the doctrines they hold, and the vital importance of the Institute's work, and the absence of all emotionalism on the part of the *Times* may perhaps be natural.

While the *Times* is known to occupy safe ground on many professional topics, we insist that it is totally at fault in its attacks upon homœopathic societies and institutions, as such, and, in some cases, seems utterly oblivious of the facts bearing upon the subjects with which it deals. For instance, in its September issue, it declares that "the American Institute of Homœopathy has outlived its period of usefulness, and the sooner it ceases to exist the better it will be for the profession at large." Here, the journal's mistake is the very one which so often misleads it, namely, that the American Institute of Homœopathy is, in any important respect, concerned in the welfare of "the profession at large." It was not organised for, nor does it profess to be interested in, any such unworthy object, but for "the improvement of homœopathic therapeutics and all other departments of medical science." When *these* objects can be best secured by the disbanding of the Institute, the event will doubtless follow speedily. Before that time arrives, however, the Institute and its friends have many more victories to achieve over the foes of medical progress and professional liberty. Our contemporary has long been advocating the abandonment of the distinctive title "homœopathic," and for reasons which very few physicians seem disposed to accept. In the editorial from which we have already quoted, the *Times* asserts that—

"For a society which pretends to discuss scientific subjects, nine-tenths of which have no relationship to the distinctive title which it flouts in the face of the public, to continue such a name savours of deception. . . . Societies which profess to include medicine as a *whole* in their discussions, should abandon the cognomen which would restrict them and be known as what they are—viz., MEDICAL; and if any choose to confine themselves to the discussion of Homœopathy alone, there can be no objection to their so announcing through a name, but let it be understood that they are what they claim to be . . . and thus escape the charge of being deceivers and humbugs."

The intimation that "nine-tenths" of the subjects discussed by the Institute "have no relationship to its distinctive title"—*i.e.*, to Homœopathy, is not borne out by the facts. It is well known that anatomy, physiology, pathology, diagnostics, principles of surgery, and, indeed, all the scientific subjects discussed by the Institute, except possibly mechanical surgery and obstetrics, and sanitary science, do bear a very close and essential relationship to Homœopathy, and it is not possible for any physician to practise Homœopathy skilfully without a knowledge of these. If these subjects are not admissible in a "homœopathic" society, neither are they in

a "medical" society, because the latter term sustains no closer relation to them than does the former.

The *Times* claims that the retention of the title "homœopathic" by the Institute, while discussing subjects not strictly homœopathic, is a "deception," and the members of such a society are "deceivers and humbugs." Well, who is deceived? Does the Institute deceive its own members? Scarcely so, since the constitution expressly declares its object to be "the improvement of *all* departments of medical science." Does it deceive allopaths? As they have no legitimate personal interest whatever in its proceedings, it is rather absurd to suggest such an idea. Does it deceive the public? On the contrary, the public is vitally interested in having medical societies, of whatever name, discuss thoroughly all topics which bear any relation whatever to the preservation of human life and health. So, then, the people themselves are not grossly deceived by the Institute's discussion of general medical subjects. Now, as neither homœopathists nor allopaths, nor the people generally, are deceived by the title of the American Institute of Homœopathy, the *Times* should either confess itself deceived, or else honourably withdraw its baseless charge.

The journal, whose utterances we are criticising, also says, that "the independent physician who does not depend upon the loaves and fishes which may come through sectarian influence," etc., etc., "may expect to be received on an equality by the great body of scientists." If by "the great body of scientists," the *Times* means the men who decide great medical questions by ballot, and propagate their own opinions by repressive legislation against opposing opinions; if, in other words, the *Times* considers it a desirable thing to be "received on an equality by the great body" of allopathists, it is at full liberty to go back and enjoy the ring, the robe, and the adipose veal promised by Flint Senior and the *Record*, to those who renounce and repudiate their honest name. But let not the *Times* be too much chagrined when it discovers the ring to be a manacle, the robe a garment of disgrace, and the fatted calf a feast of crow. There is no danger, however. The *Times*, it is true, renounces its distinctive title, but the *Record*, which urged it to do so, still calls it "homœopathic." When the *Times* or either of its editors succeeds in getting that recognition at allopathic hands which they seem so earnestly to covet, it will be, not when they have renounced their distinctive *name*, but when they repudiate the homœo-

pathic *doctrine*, and when at least one of those editors has been compelled to spit upon his own diploma, and to secure another at a "regular" diploma shop.

Why is it that so many "apostles of peace" *will* persist in preaching to "the under dog"? Does not everybody know, that to the homœopathic profession, surrender, in *any* form, means annihilation? If we were responsible for the conflict, there might be some sense in asking us to discontinue it. We are waging a warfare of self-defence. Allopathy can stop the conflict at any moment by simply calling off and chaining her vile hounds, but if *we* stop fighting, the war goes on just the same, until we are driven out of the profession, and medical liberty is buried out of sight. As for the privilege of being "on an equality" with the allopathic school as it now exists, we shall decline the honour. When the equality is secured, it must be through the elevation of Allopathy, not by the degradation of scientific therapeutics; and until that time we shall fight our enemies with weapons of our own choosing; neither are we cowardly enough or gullible enough to lower our standard and hoist a flag of truce in the presence of an utterly unscrupulous and malignant foe.—*Hahnemannian Monthly*, October, 1884.

PSYCHOSIS AND CARCINOMA.

By PROF. S. LILIENTHAL, M.D.

A PORTER, æt. 55, for some time out of work, took sick February, 1882, complaining of vomiting of blood, general malaise, œdematosus swelling of the feet, and difficult urination. Under milk treatment he recovered so far that he could perform some light jobs, but he felt still out of sorts, without complaining of anything in particular.

February 15, 1883, he is brought to the insane asylum on account of paroxysms of fury, fearing that his wife wants to poison him, and puts dirt, and other nasty things before him to eat, which give him colic, and make him have nausea and vertiginous. Patient is of medium size, bony, emaciated, without adipose tissue; muscles relaxed, eyes sunken in, face pale, cachectic. He has a sinister look. Pains in abdomen, otherwise nothing remarkable, especially not in relation to the stomach. Vomiting the day after his entrance, from drinking coffee, and after dinner. No vomiting more, though according to his own desire he dines on meat and rye bread.

Mentally cross, full of mistrust, still harps on the poisoning done by his wife. Has gained five pounds.

March.—Patient feels better, feet and face somewhat oedematous, looks miserable. Eats well what is given to him (coffee, rolls, vegetables, meat, rye bread) *without vomiting*. Mentally still more depressed, asks the other patients to taste his food before he will eat it. Lost seven pounds.

April.—A close examination of the abdominal organs fails to reveal a tumour or any decided painful spots. To pressure he reacts with strong reflex action. During the month there are periods when he appears stupid, lies in bed without moving, talks to himself in a whispering manner, or repeats the same word over and over, and suddenly as in rapture strikes himself on his chest or head. He seems to be full of anguish, thinks of having offended everybody, committed many sins; was willing to die if such a thing were possible. Makes mistakes in recognising people, and sees on the walls animals which are tortured, and hears their cries. Begs not to let him starve, but refuses food except they are semifluid. He feels miserable and exhausted. *No vomiting*. Loss eight pounds.

May.—Partly querulant, partly still more depressed with fear of death. Keeps striking himself on the face; does it out of fun, as he says. Is still afraid of being poisoned, and takes his food very cautiously. Oedema pedum. Cachexia steadily increases. No vomiting. Loss three pounds.

June.—Mentally the same. A small ulcer forms on the nose; thinks it is syphilitic. Takes hardly any food; bowels move every other day regularly. No vomiting. Loss six pounds.

July.—Does not take his wine, because it is no wine; refuses soup because drugs are mixed with it. Very cross and suspicious. Hydrops; anaæraca, steady decrease of strength and increasing emaciation. No vomiting. Loss three pounds.

August.—Considers coffee to be wine, and is always afraid of being poisoned. August 19, pulse 68, and shortly before death temperature 35.1.

Autopsy revealed extreme emaciation, anaæmia, and a carcinoma medullare along the whole curvatura minor ventriculi from the cardia to the pylorus.

It is interesting in this case that the chief symptom of the psychosis was the delusion of being poisoned, which certainly

can be brought in connection with the somatic disease, though with the exception of the cachexia there was not one symptom characteristic of carcinoma. No vomiting, no pain, no tumour could be felt. The emaciation, as well as the loss of power, could as well be caused by his refusal to take food. The low temperature before death is also of interest.

(The case was certainly an incurable one from the start, but some amelioration might perhaps be got from our remedies, which have fear of being poisoned; *Allium sativum*, which has also burning eructations; loathing of food, lancinations in stomach, sensation of a weight in the stomach; dull pain in epigastric region, felt only on deep inspiration, all symptoms belonging also to carcinoma. *Drosera* and *Gloinoine* have also fear of being poisoned, but not the other symptoms.)—*American Observer*.

• LITERATURE.

THE PATH TO HEALTH IS THE FOOTPATH.¹

MESSRS. DOWIE AND MARSHALL have sent us this very clever treatise on shoeing one's feet. The gist of the thing is that there should be a piece of elastic structure in the instep between sole and heel.

When such men as Sir Charles Bell, Dr. Dudgeon, and Thomas Carlyle have praised Mr. Dowie's shoes we may well be silent, but *apropos* of paths we were heretofore of the opinion that the homœopath was the path to health, but it seems after all that it is the footpath.

THE STORY OF A GREAT DELUSION IN A SERIES OF MATTER-OF-FACT CHAPTERS.²

THIS is a very laborious and exhaustive history of vaccination that has historic value if it have no other. The facts brought together by Mr. White cannot be either ignored or laughed out of existence, but book-writing on these lines is done to death, and the question of compulsion or non-compulsion is now a political one, and must be fought out on

¹ The Path to Health is the Footpath. By Dowie and Marshall. London.

² The Story of a Great Delusion in Series of Matter-of-Fact Chapters. By William White. London : E. W. Allen. 1885.

the hustings. Then, when compulsion is done away with, vaccination must be studied by medical experts in a truly scientific spirit, and not carried on in the present empiric fashion. The world is all alive and at work with various preventives, and the time is not far distant when the law of similars will claim its own, and what Dr. Burnett has called homœoprophylaxis will stand side by side with Homœopathy. Such is our view—a view growing daily stronger in the light of new facts, that philosophical reasonings, ridicule, and vulgar imputations of base motives cannot impugn or set aside.

Similia similibus prævenientur is only the formulation of what is in the air the world over.

IODIDE OF ARSENIC IN HEART DISEASE.¹

This little treatise by our talented colleague, Dr. Clarke, is a practical contribution of importance to cardiac therapeutics, and we welcome it accordingly. Our author very wisely makes use of the sphygmograph of Dr. Dudgeon, the value of this instrument being seen very clearly in work of this kind, where it is of prime importance to picture the pulse.

Although Dr. Clarke's cases are well chosen, and although we must admit that a strong case is made out for the *Iodide of Arsenic* as a heart medicine, still the scientific value of the work is but small owing to the persistent alternations of remedies which cannot be defended.

We think, too, that a little more credit should be given to the ignored factor in the sum—viz., *rest*. We knew that such cases will recover in hospital, and go out vastly improved, but the effects of cleanliness, rest, and regimen must not be overlooked.

We do not make these remarks in a carping spirit, but fully acknowledge that Dr. Clarke's treatise is a practical contribution of real value. In a case of diabetic phthisis, which Dr. Pope kindly saw with us some time since, the *Iodide of Arsenic*, suggested by Dr. Pope, was of material advantage.

¹ Iodide of Arsenic in Heart Disease. By John H. Clarke, M.D. London : E. Gould and Son. 1884.

REPORTS OF INSTITUTIONS.

EASTBOURNE HOMEOPATHIC DISPENSARY.

We learn with much pleasure that during the year 1884 the Eastbourne Homeopathic Dispensary has steadily increased, the number of attendances recorded being 1,907.

Spare tickets would be thankfully received at the Dispensary, as application is frequently made by those who are too poor to purchase a ticket, and who are not acquainted with a subscriber. No applicant is ever refused because unable to obtain a ticket, but the officers of the Institution should not be left to do all the work. We trust Dr. Walther and Mr. Gibbs will steadily persevere, as good honest work never fails of its just reward.

We see the amount of the subscriptions for the year reaches the very respectable sum of sixty-one pounds.

DRAMATIC PERFORMANCE ON BEHALF OF THE LONDON HOMEOPATHIC HOSPITAL.

The fifth Annual Dramatic Performance, the proceeds of which are devoted to the support of the above Hospital, took place on Thursday evening, the 15th of January, in St. George's Hall, the well-known theatre at Langham Place, when a large and fashionable audience (in spite of the very inclement weather) met to support the efforts of the "Thalian" Dramatic Company to augment the funds of the Institution.

The "Thalian" company were most ably represented by Mrs. and Captain Conyers-D'Arcy, the Misses Bruce-Strange and Ivan Bristow, and Messrs. Sherson, Frankish, Powell, Morris, and Bristow.

The curtain rose to the comedietta, "Twenty Minutes under an Umbrella," in which Miss Bruce-Strange and Mr. Nowell-Sherson appeared, and, amid a scene of sylvan beauty, enacted a lovers' quarrel in a very mirth-provoking manner. On the curtain descending, amid the plaudits of the audience, Mr. Alan E. Chambre, Honorary Treasurer of the Thalian-Dramatic Company, as well as an indefatigable member of the Board of Management of the Hospital, came before the curtain, and in a very neat speech announced the gratifying fact that the balance accruing to the funds of the Hospital,

after allowing for all the estimated expenses, was the handsome sum of £120, a result which was received with loud cheers by the audience.

The curtain then rose to the comedy of "The Ladies' Battle," in three acts, by W. T. Robertson, the principal scene, which was very effective, being the Château of the Countess d'Autreval. Captain and Mrs. Conyers-D'Arcy sustained the characters of Gustave de Grignon and the Countess d'Autreval respectively, not only with great ability, but with that power which makes one realise the actual persons and scenes enacted. Much also might be said in praise of the characters represented by the other lady and gentlemen in the cast, who each conduced to make the performance a very perfect representation of a truly difficult and brilliant play.

It simply remains to say that the leading characters were twice called before the curtain, and each time received a perfect ovation. The "Euterpean" Musical Society gave some excellent orchestral music, under the direction of Colonel Douglas, and the whole formed an admirable dramatic entertainment, deserving of the praise of the *Era*, which says "it has seldom had to chronicle a better or more finished performance," the performers being all more or less talented, and the audience of the most select kind.

Obituary.

ADRIAN STOKES, M.D.

THE subject of this notice was born December 10th, 1815, at Wickwar, in Gloucestershire, of an old Wiltshire family. He was apprenticed to his uncle, Mr. Thomas Stokes, a general practitioner, who for more than half a century practised at Nailsworth, Gloucestershire. In due time he went to Edinburgh to follow the medical curriculum there, and after receiving his degree of M.D., in 1844, went to settle in his native parish. The rector, who was the Rev. Thomas R. Everest, had just returned from Paris, where he had been for some years under the care of Dr. Hahnemann. Finding the young doctor not averse to listen to his glowing eulogium on the new method of healing, the rector soon prevailed on him to make some experiments with globules. This he did, and to his surprise found them efficacious in

several cases. Interest being thus excited, was kept up by successive incidents of a striking kind, and novel, inasmuch as they were unlike any results that had been seen either in country practice or at the hospitals in Edinburgh, Paris, or London. Dr. Stokes becoming quite satisfied, as the result of his essays, that Homœopathy would meet the emergencies of medical practice, determined to avow himself a convert to the doctrine. He did so, and was in consequence obliged to resign membership in the County Medical Association. In 1852 Dr. Hilbers, then practising in Liverpool, invited Dr. Stokes to succeed him in his practice there, on his removal to Brighton. Dr. Stokes accepted the invitation, and worked at Liverpool in private and in dispensary practice till 1863, when he removed to Southport. Here he continued to reside until 1877, when his health failed, in consequence of having been poisoned by sewer-gas. He then resigned his practice in favour of Dr. Henry Blumberg, and retired from the active exercise of his profession. He then went to live at Sidmouth, where he underwent further poisoning from drains. Dr. Stokes, on his arrival in Liverpool, was associated with Dr. Drysdale in the compilation of the "Cypher Repertory," and in later years further aided in carrying on that work, on which he was still engaged in 1883, when a formidable breakdown of health obliged him to lay aside all kinds of labour.

For the foregoing we are indebted to Dr. John Moore, of Liverpool, who adds:—

"The obituary paper I enclose is a copy of one which was found in my friend's desk after his decease, and is therefore a correct and reliable one, and, let me add also, a very interesting one to all who knew him. It was written by his own hand, and beautifully written too; it is given in full, and verbatim, only one word altered. You will use it as you please, adding what you may think proper. Last meeting of our Homœopathic Society, on Thursday, 8th inst., we passed a vote of condolence and sympathy with Mrs. Stokes, and recorded our high opinion of the departed, and of his valuable services to Homœopathy."

"There was an inquest held on him, but that was needless, as it was well known he had organic disease of the heart.

"He was a good and true man."

What shall we add to such a record of a simple, honourable, useful life? Rather let us learn the lesson it teaches, and try to do likewise.

DR. CONSTANTINE LIPPE.

DR. CONSTANTINE LIPPE died at his home, No. 68, West Fiftieth Street, on Thursday, Jan. 1, of pneumonia. While attending the funeral of his only child at Philadelphia, about two weeks ago, he caught a cold, which developed into pneumonia on Monday last, and speedily assumed a violent form. He was conscious to the moment that he died. When the bells were ringing in the New Year he had a severe chill, and remarked to his attendant: "This is the seal of death." It proved to be so. Hardly had he finished speaking when he raised himself up in bed, took a sharp look around his room, and fell upon his pillow dead.

He was born at Carlisle, Penn., on July 1, 1840, and was descended from an old Pennsylvania family. His father, Dr. Adolph Lippe, is a well-known Philadelphia physician, and though above eighty years of age, continues in active practice. The early life of Dr. Lippe was spent at Carlisle, and he was educated at the public schools of that place. He early took a fancy to medical topics, and when the war broke out was a student at Jefferson Medical College of Philadelphia. He gave up his studies and joined the celebrated Pennsylvania Lancers as a private. He was promoted for bravery several times, and was finally made captain. At the battle of Cold Harbor he received a severe wound in the leg, which compelled him to retire from active service.

As soon as he was able he began the study of medicine again, and was graduated with honour from the Cleveland Homeopathic College in 1868. He practised for a time at Tremont, N.Y., and removed to this city about twelve years ago. He soon had a large practice, making a specialty of lung troubles, and acquired both fame and fortune. He was married in 1876 to Miss Annie Hood, of Washington, D. C., who, with his father, are the only members of his family that survive him.

Such is the sad announcement culled from an American journal which we have just received from Dr. Berridge, a personal friend of the deceased. Dr. Berridge adds:—

"Dr. C. Lippe's remains were buried at Washington, D. C., on January 4th; Dr. Clement Pearson, of that city, was one of the pall-bearers.

"Dr. C. Lippe was the author of the best *Repertory* in the English language. It was published January, 1880, and ever since additions have been constantly made for a future

edition. Dr. C. Lippe told me that it was his intention to incorporate in the second edition the whole of Bœnninghausen's Repertory (never before translated), and the whole of the Repertoires of Muller and Jahr, besides all additional characteristics of a later date. A few months before his death he wrote to me that he had enough for a second edition, and that as soon as two-thirds of the MS. was copied out he intended to go to press. Later he wrote that the work would be in two volumes, each larger than the entire first edition, and that the first volume, extending from the Mind to the Sexual Organs, was completed and in the press, while he was busy himself with the copying and final completion of the Cough chapter. The first volume I expect shortly, and the second, which he must have nearly completed, will doubtless be issued under the direction of his father, Dr. Ad. Lippe.

"Dr. C. Lippe was a staunch Hahnemannian, and a member of the International Hahnemannian Association."

On our own part we would offer our heartfelt sympathy to his venerable father, the illustrious Dr. Adolph Lippe, whose loss cannot be measured, but to whom yet remains the consciousness of having had such a noble son.

CORRESPONDENCE.

[*By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.*]

To the Editor of the Homœopathic World.

LETTER FROM PROFESSOR LILIENTHAL.

DEAR SIR,—In the December number of your valuable journal Dr. H. Ussher treats me rather unkindly, and if he had read the editorial in the November number of the *North American Journal of Homœopathy*, he would have seen what to my sorrow I have to acknowledge, and which I did already acknowledge many a time, that I belong to the *oi polloi* in the knowledge of our *Materia Medica*, and that "only very few physicians are able to find out the simillimum in every case." Hence our frequent failures; though the patient may many a time be just as much to blame by keeping a symptom or symptoms from the physician, which might give the key for the selection of the simillimum.

Dr. Ussher mistakes Buchmann for Buchanan. The former is a celebrated German homeopath (C. Wesselhoeft fought with him in his microscopical researches), and is perfectly able to defend himself. Being a most remarkable case, S. L. considered it worthy of translation, and that is the whole about it. I hope that Dr. Ussher will not allow the matter to drop, but attack Dr. Buchmann in the *Allg. Hom. Zeitung*, where the case was originally reported, and I am sure that the pages of this old journal will be always found open to just criticism.

Fraternally yours,
SAMUEL LILIENTHAL.
New York,
228, West Thirty-fourth Street,
December 19th, 1884.

LETTER FROM DR. HUGHES.

DEAR SIR,—To lose Dr. Berridge's confidence would be a grief to me, but that he has never encouraged me to believe that I possessed it. Lest, however, what he has written in your last number should impair any degree of it which I may enjoy in the minds of your readers, I must ask for the insertion of a few lines in reply.

(1) The review for which I am responsible says that the supposed characteristic of *Arsenicum*, "patient drinks only a small quantity at a time," has been demonstrated to be unfounded either in pathogenesis or in practice. The reference is evidently to a paper "On the General Indications for *Arsenicum*," published by me in the *Monthly Homeopathic Review* for August, 1878. I there write, under the head of "Thirst":—"This is an early and marked symptom of its action on the healthy body, and is always present in febrile states to which it is suitable. But it has been added that the arsenic patient, unlike the one whose condition calls for *Aconite*, 'drinks little but often.' This statement is founded, pathogenetically, on observations obtained from Staph and Wahle in Hahnemann's proving of *Arsenicum*. It is also cited as from Richard, but in this author's brief narrative of a case of poisoning, to which reference is made, I can find no trace of it. Nor does it appear in any of the numerous toxicological records on which Dr. Allen has drawn; and in his *Encyclopædia*, the next symptom but two after the 'drinks much but little at a time' of Staph and Wahle is,

'Thirst so violent that he drank eleven jugs of water in half a day.' This is from a poisoning case. Therapeutically, I find that the symptom in question has been used as an indication for *Arsenic* in fevers, and with good results; but there is no evidence that its absence, or the presence of thirst for larger quantities, contra-indicates the remedy. Desire to drink, but inability from the irritable state of the stomach to take more than a small quantity at a time, is a frequent symptom of gastritis, and so might truly call for *Arsenic* when present; while in inflammations occurring elsewhere, and in general fevers, the thirst may be as insatiable as possible without forbidding its employment."

It will thus be seen that I was quite aware of the facts brought forward by Dr. Berridge, but maintained that they were insufficient to establish "drinks little but often" as a characteristic of *Arsenic*. I went on to point out that the thirst for large quantities of water which always exists in cholera had been supposed to exclude *Arsenic* from the list of its remedies, and that this was a *reductio ad absurdum* of the notion combated.

(2) The second fault alleged against me is the result of a mistake of Dr. Allen's. In the notes I furnished him for Hahnemann's pathogenesis of *Arsenic* (in the *Chronic Diseases*) I appended to symptom 93, "Not found." This was one from *Amatus Lusitanus*, and stands as S. 2 in the *Encyclopædia*. Dr. Allen evidently read my "3" for a 5, and so has appended the note to S. 95 (S. 179 of the *Encyclopædia*), where it is quite out of place. Dr. Berridge might have remembered that my task was simply with Hahnemann's cited matter, and that I could not have intended so to designate a symptom of his own. We are indebted to him for the emendation; but why put it in the form of an impugnment of accuracy?

(3) Dr. Berridge, in the third place, returns to the charge that my statement of *Arsenic* having no hepatic action is at variance with the best authorities. He first made it (of all places!) in the *Lancet*, where I did not care to follow up the controversy. Let me, however, here say that I was quite aware of the fact that *Arsenic* causes fatty degeneration of the liver in common with other organs, but do not allow that this involvement of the organ in a general process proves any such elective hepatic action as should make the drug a remedy of value in primary disorders of the liver; and I appeal to the rest of its pathogenesis as pointing just the other way. Compare it, for example, with *Phosphorus*.

Allow me to take this opportunity (as I cannot do it in the *British Journal*) of explaining my repudiation of Dr. Rây's quotation from me in the note to our review of his book. He is speaking of *Veratrum* in cholera, and writes: "Dr. Hughes says, 'Tendency to copious diarrhoea and vomiting, with prostration, fainting, coldness, and cold sweating. It will benefit almost every case, of whatever kind it may be.'" I certainly could not remember or find that I had ever so spoken of the drug in this connection. Dr. Rây now refers me to the bottom of page 875 of the last edition of my *Pharmacodynamics* as bearing out his quotation. But I am speaking of the use of the drug in disease generally, and say, "In fact, where the general condition characteristic of *Veratrum* is present—tendency to copious diarrhoea and vomiting, with prostration, fainting, coldness, and cold sweating, it will benefit almost every case, of whatever kind it may be." To cite this dictum in connection with cholera, and to put a full-stop after "sweating," was to change its whole meaning and to prevent my recognising my own utterance. I am glad thus to acquit Dr. Rây of anything but inaccurate quotation.

Yours very faithfully,

Brighton, January 9th, 1885. RICHARD HUGHES.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, &c.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

BOOKS AND JOURNALS RECEIVED.

The New England Medical Gazette, No. 12.

Special Supplement to the Zoophilist, January 1, 1885.

The Zoophilist, Jan. 1, 1885.
Monthly Homœopathic Review, Jan. 1, 1885.

The Guide, No. 25.

Bibliothèque Homœopathique, No. 12.

Hahnemannian Monthly, Dec., 1884.

Liverpool Mercury, Dec. 17, 1884.

Forty-five Years of Registration Statistics, proving Vaccination to be both Useless and

Dangerous. By Alfred R. Wallace, LL.D. London: E. W. Allen, 1885.

The Story of a Great Delusion. By William White. London: E. W. Allen, 1885.

United States Medical Investigator, Dec. 6 and 20, 1884.

New York Medical Times, Nos. 9, 10.

Revista Homeopatica Catalana, No. 11.

Homeopathische Monatsblätter, 1884, and Vol. X., No. 1.

The Homeopathic Journal of Obstetrics, No. 2, Vol. VI.

The Medical Annals, Vol. V., Nos. 11, 12.

The Clinique, Vol. V. Nos. 11 and 12.

The Eclectic Medical Advocate, No. 11.

Dublin Journal of Medical Science, Dec., 1884.

Medical Counselor, No. 127.

The Eclectic Medical Advance, No. 12.

The St. Louis Periscope, Nos. 11, 12.

Allgemeine Homeopathische Zeitung, Bd. 109, Nos. 25, 26.

State Measures for the Direct Prevention of Poverty, War, and Pestilence. By a Doctor of Medicine. London: E. Truelove.

The Calcutta Journal of Medicine, No. 3.

American Homeopath, No. 12.

The Christian World, Dec. 25, 1884.

Revue Homeopathique Belge, No. 9.

CORRESPONDENTS.

Communications received from Messrs. Gould and Son,

Moorgate Street, E.C.; J. H. Postlethwaite, Esq., Brighton; Dr. Theodor Kafka, Carlsbad; Dr. John Moore, Liverpool; Dr. Hughes, Brighton; Dr. Walther, Eastbourne; Professor Lilienthal, New York; Dr. J. Richards Gray, Blakeney; Dr. Berridge, London; Professor Farrington, Philadelphia; Dr. Adolf Lippe, Philadelphia; Dr. V. Léon Simon, Paris; Dr. John H. Clarke, London; Dr. Reginald Jones, Birkenhead.

The Homeopathic World.

CONTENTS OF JANUARY NUMBER.

LEADING AND GENERAL ARTICLES:—

Volume XX., 1885.

New Homeopathic Hospital in Liverpool; What the Press Say About It. Case of Aneurism of Thoracic and Abdominal Aorta, with Valvular Disease and Hypertrophy of the Heart, Relieved by Lycopodium, and Greatly Relieved by Baryta Carbonica.

Recent Pathology, in its Bearings on Scientific Therapeutics; involving the Question—Can Homoeopathic Treatment with Infinitesimal Doses Cut Short Infectious Diseases dependent on Living Germs?

On the Treatment of Pretubercular and of Advanced Phthisis Pulmonalis by the Mullein Plant.

Clinical Cases: Acute Gastritis—Diphtheria.

Emergencies.—Euthanasia.

Spiraea Ulmaria in Enlarged Prostate and other Genito-Urinary Diseases.

The Uses and Abuses of Hot Water as a Beverage.

LITERATURE:—

Die Heilung des Staates auf Arznei-chem Wege ("Curability of Cataract with Medicines").

REPORTS OF INSTITUTIONS:—

Report of the Bristol Homeopathic Hospital and Dispensary, 1884.

CORRESPONDENCE:—

Dr. Hughes's Accuracy as a Teacher of Homeopathic Materia Medica.

Dr. Simpson on the Importance of the Simillimum.

Dr. Dunn en Voyage.

Letter from Dr. Gustavus Proell.

Dr. de Né Walker on Homeoprophylaxis.

"Lymph or Pus?"

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE

HOMŒOPATHIC WORLD.

MARCH 2, 1885.

A GROUNDLESS FEAR.

IN this sublunary sphere we here and there meet with degrees of mental obtuseness that cause us not only to admit the truth of the Darwinian theory of the descent of man, but even to go a step further than Darwin himself, and maintain that not a few of those who claim to belong to the genus *homo* have really remained on the simian plank and never "descended" at all. Such a one must have penned the following inane twaddle, which we cull from the *Medical Press* of January 14th, 1885 :—

"HOMŒOPATHY IN EXCELSIS."

"We learn from our American contemporary, the *Philadelphia Medical Times*, that steps are being taken to obtain an Act of the Legislature creating a State Board of medical examiners and licensers. So far the movement is a most desirable one, and appears to be the only means open for protecting the State of Pennsylvania from becoming absolutely overrun with quacks of every description, there being no law in force at present to restrain the vagaries of these eccentric practitioners. There is, however, one provision of the bill which to English readers presents a most incongruous appearance, and it is that appointing as members of the proposed Board two representatives of homœopathic medicine, under whose direction a separate examination in the principles and practice of medicine shall be conducted for the benefit of candidates who cling to the delusions of Hahnemann. It thus seems that the imaginary school is so strong in America as to be able even to sway the policy of important States, a fact which on *a priori*

grounds we should have hesitated to believe in absence of such convincing proof as that referred to above. It is much to be hoped that the homeopaths in this country may not be stimulated by the example to insist on admission of their representatives to a State Examining Board of this country—when it comes into existence."

This individual must be a sorry being indeed, for he not only does not understand what he thinks he is writing about, viz., Homœopathy, which is usual enough, but he actually fails to perceive a very patent fact, a fact as big as a mountain—i.e., that BRITISH homœopaths are too weak-kneed to do other than kneel down and beg the allopaths to kindly condescend to spit upon them and to graciously permit them to lick their boots. There is not enough alcohol in Europe to "stimulate" the homœopaths in this country up to such a giddy pitch as to demand legal status. This is a groundless fear indeed, we do assure this poor scribbler, for the homœopaths in this country are so 'umble, so very 'umble, that the immortal Uriah is nowhere.

THE NEW MATERIA MEDICA AND ITS CRITIC.

By DR. R. E. DUDGEON.

DR. BERRIDGE, in your last number, reappears in his favourite character, with which we are tolerably familiar, of censor of the works of others. This time the subject of his animadversions is the volume recently issued bearing the title of "Materia Medica, Physiological and Applied."

Now I think a critic who accuses others of inaccuracy should take care to be accurate himself, but Dr. Berridge does not seem to be of this opinion, for I find several statements in his paper which are very much the reverse of accurate.

Before entering on the examination of the volume, Dr. Berridge calls attention to "a remarkable circumstance." "A discussion," he says, "has been lately carried on as to whether *similia* is a law of nature or merely a rule of practice." This is incorrect. The discussion was as to whether Hahnemann's formula is *similia similibus curentur*, "let likes be treated by likes," which is a therapeutic rule, or *similia similibus curantur*, which some allege should be translated, "likes are cured by likes," and which they further allege is the expression of a law of nature. The only "remarkable

circumstance" in the discussion appears to me to be that one of the controversialists, professedly a Hahnemannian, should have been unaware that Hahnemann always used the formula *similia similibus curenur*, which all agree is the expression of a therapeutic rule, and that he should have attributed the invention of this formula to Dr. Hughes.

Dr. Berridge quotes two sentences from the preface: (1) "The well-known therapeutic rule, *similia similibus curenur*," and (2) "The definition of the homœopathic principle which we think the best—morbid states are cured by drugs which produce their pathological *simile* on the healthy body;" and he says: "The 'pathological *simile*' of the editors is very far from comprising all that is implied in the 'totality of the symptoms' of Hahnemann," but he offers no proof or argument in support of this assertion, so I can only meet it with the counter-assertion that it *does* comprise all that is implied in Hahnemann's expression, "the totality of the symptoms," and perhaps a little more besides.

Dr. Berridge says that in these two sentences we have the "remarkable implication that, whereas to say 'like cures like' is dogmatic and very wrong indeed, and should always be rendered, 'let likes be treated by likes;' yet to say 'morbid states are cured by drugs which produce their pathological *simile*' is quite correct!" Now there is absolutely nothing in these two sentences, nor in the whole preface, to bear out this assertion. It is stated in the preface that Hahnemann generalised the facts he observed "into the well-known therapeutic rule *similia similibus curenur*," and the authors go on to show that underlying this rule is the principle given above, which is their paraphrase of the familiar expression, "likes cure likes;" which, so far from implying to be "very wrong indeed," they know to be implied by the therapeutic rule; for what would be the use of *treating* likes by likes if likes were not *cured* by likes?

Dr. Berridge honours with his polite attention my arrangement of *Aconite*, in which I have incorporated all the provings accessible to me which seemed to be reliable; though of course I used my discretion with regard to the records of provings with high dilutions. This gives great offence to my critic, who thus sneers: "Unfortunately Dr. Dudgeon has fallen into the now fashionable habit of excluding symptoms arbitrarily, simply because he does not consider them reliable;" and he proceeds to give the following new commandment for the guidance of the author of a *Materia*



Medica: "The author of a Materia Medica has no right to wilfully omit a single symptom given by an honest and intelligent prover; only when a supposed prover has been convicted as a rogue should his supposed symptoms be excluded." Now, admitting for a moment that the author of a Materia Medica should act in this way, how is he to ascertain that the provers are "honest and intelligent"? And first as to honesty. Evidently it would scarcely do to go about among the provers and startle them, as Hamlet did Ophelia, by shouting at them, "Ha, ha! are you honest?" We should not likely get such a mild answer as Hamlet did. Shall we get certificates of their honesty from the nearest clergyman or justice of the peace? Dr. Berridge says we are to accept a prover as honest if he has not been "convicted as a rogue;" but he cannot be so simple as to believe that all men are honest who are not convicted as rogues. Some cynic says that the only difference between rogues and honest men is that the former have been found out, the latter not. But without going so far as this, we may very well believe that many rogues have not been convicted, and pass for honest men. Besides, why should we refuse a proving by a dishonest person? If I had acted on this principle I should have had to exclude from my *Aconite* the three first provings (involuntary ones certainly) given there, for the doctors who report them tell us that two of them were robbers, and the other a criminal, and all three condemned to death; so their symptoms, according to Dr. Berridge, should have been rigidly excluded, as they were furnished by convicted rogues. Another inconvenience strikes me as incident to the faithful following of Dr. Berridge's rule. Suppose I had stated that all symptoms furnished by honest and intelligent persons would be admitted, would it not be supposed by any one whose symptoms were excluded that I thereby sought to brand him as not an honest and intelligent person? I am glad I did not act thus, for having rejected some symptoms furnished by Dr. Berridge, from the 200th and 100,000th dilutions, he might have had me up for a libel on his honesty or intelligence, or both. As regards the intelligent qualification, we all know how infinite are the varieties of intelligence, and what a very relative quality it is. As Dr. Berridge assumes all men to be honest who are not convicted rogues, so, I presume, he will admit all to be intelligent who are on the outside of an idiot asylum.

Dr. Berridge asserts that I have "thought fit to mutilate

the text

one of the late Mr. Robinson's provings," but I think I have given a very fair summary of it—better, in fact, than it deserves, for as the enormous doses he says he took of the tincture with very little effect were manifestly impossible, so I do not think much reliance can be placed on the vast number of severe symptoms he says he obtained from his provings of the 1,000th and 2,000th dilutions.

Dr. Berridge thinks my logic defective here. He says: "If he really does not know why the high potencies (made from a good tincture) had more effect than a badly prepared crude tincture, I would recommend him to study Section 128 of Hahnemann's *Organon*. As it is now thirty-five years since he translated that work, it is possible he may have forgotten that important paragraph." On the contrary, I remember the paragraph in question sufficiently well to know that Hahnemann says nothing at all about provings with the 1,000th and 2,000th dilutions. He only there talks about the 30th dilution. I know also that Hahnemann says, in a note to § 284, that, "with every quadratic diminution of the quantity of medicine, the action on the human body will be diminished each time to about one half." So that, according to Hahnemann, the action of the medicine is diminished by dilution in a certain mathematical ratio; consequently, the action of high potencies like the 1,000th and 2,000th should be 500 and 1,000 times less than that of the mother-tincture. But in Mr. Robinson's provings the action of the high dilutions was enormously greater than that of the tincture. I do not pretend to reconcile the contradictory statements of these two passages in the *Organon*. But then, I do not profess to be *addictus jurare in verba magistri*, and Dr. Berridge is about the last person who should blame me for this, for by his advocacy of the high fluxion potencies of Fincke, Swan, and others, he shows that he utterly repudiates the directions so minutely given by Hahnemann in § 270 of the *Organon* and elsewhere, for the preparation of the dilutions or potencies of medicines. Hahnemann, as is well known, directs the dilutions to be made by adding a drop of the previous dilution to 99 drops of alcohol through 30 separate phials, giving two succussion strokes to each separate dilution, until the 30th potency is reached, which is his usual dose for all medicinal substances. The fluxion potencies, on the other hand, are made by allowing an enormous quantity of common service water, with all its organic and inorganic impurities, to flow through one phial in which a

drop of the tincture has been put, without any succussion whatever, and to carry this process up (or down) to the 10,000th, 100,000th, 1,000,000th dilution, or farther still. No doubt Dr. Berridge thinks this a great improvement on Hahnemann's method, or else he would not recommend it by precept and example, but it is certainly utterly opposed to Hahnemann's directions.

Succussion, or shaking of each dilution as it is made, is especially dwelt on by Hahnemann as indispensable in preparing the homeopathic dilutions. In the section of the *Organon* just alluded to, he directs two succussions to be given to each dilution, though later (in 1837) he recommends ten shakes for each dilution (*Chr. Kr.*, 2nd edit., vol. iii., p. x.). In fact, succussion alone, if continued for half an hour, will, without any dilution whatever, suffice to make the crude substance "equal in dynamisation and energy to the thirtieth potency;" so at least Hahnemann tells us in a note to § 270 of the *Organon*. He likewise tells us that we alter the degree of dynamisation of a medicine mixed with water in a bottle for the patient's use by giving the bottle five or six smart shakes. But Dr. Berridge employs the so-called "fluxion potencies," in which succussion, so emphatically insisted on by Hahnemann again and again, is entirely discarded.

Dr. Berridge is for holding me to the letter of Hahnemann's *Organon* with regard to a point on which Hahnemann is undecided and self-contradictory, while he refuses to be bound by the plain, emphatic and oft-repeated directions of Hahnemann on the preparation of the medicinal dilutions. And yet Dr. Berridge declares the *Organon* to be "the very Bible of Homeopathy."¹ He certainly uses it as some Christians are said to use their Bible—viz., to be literally obeyed by their neighbours, but to be no restraint upon themselves. Dr. Berridge talks about his "absolute and unwavering acceptance of the truth of the practical teachings of Hahnemann,"² but we must infer from his preference for fluxion potencies that he does not consider Hahnemann's pharmaceutical directions as appertaining to those "practical teachings" which he has absolutely and unwaveringly accepted.

Dr. Berridge is quite wrong in assuming my reason for mutilating Robinson's provings (which I have not done, only

¹ *The Organon* (Periodical), Vol. III., p. 446.

² *Ibid.*, p. 448.

condensed them) to be because they were chiefly made with Jenichen's high potencies, for I would have considered them still more untrustworthy if they had been made with the high potencies of Swan, Fincke, Skinner, or any other manufacturer of such preparations. So far from having any special aversion to Jenichen, I think he is the most respectable figure among the high-potency mongers. He was an amateur, and really worked hard and conscientiously at his self-imposed mistaken labour, and succussed his potencies with all his might and main ; but the others have presumably received a scientific training, and their wonderful preparations do not give them much labour, as they are mostly made with self-acting apparatus, without any succussion whatever.

Dr. Berridge accuses me of having omitted the *Aconite* provings of Dr. T. S. Hoyne, for which omission he says "there can be no excuse made on the ground that he did not know of them . . . as all these are given in Allen's *Encyclopædia*." Now, as I held myself free to reject any provings or poisonings which did not seem to me worth recording, their admission into Allen's *Encyclopædia* would not influence my decision. But alas for the accuracy of my censor ! The name of Dr. T. S. Hoyne is never mentioned by Allen in his *Encyclopædia* in connection with *Aconite*, and I confess I never till now heard of the provings of that drug.

I will not notice Dr. Berridge's criticisms of Dr. Hayward's and Dr. Drysdale's contributions to this volume, as these gentlemen are perfectly well able to defend their work should they think it worth while.

I may, however, allude to Dr. Black's work, as the author is no longer here to defend himself. Dr. Berridge finds the whole of it "miserably imperfect." And he proceeds : "A comparison of Dr. Black's schema with that of others will show this in its truest light. Allen gives 1,084 symptoms of *Digitalis*, Black gives only 299 !" and so on with the other two medicines, *Nux Vomica* and *Plumbum*. Now, the most superficial examination of what Dr. Berridge calls Dr. Black's "schema" would have shown him that it is not a schema in the Hahnemannian sense at all, but an amalgamation in numbered paragraphs of whole groups of symptoms ; in fact, as he himself calls it, an "arranged pathogenesis," where symptoms observed by Hahnemann and others are thrown together for the purpose of facilitating their study, and where nothing is omitted which in the author's opinion was important. Dr. Berridge's plan of counting the symp-

toms in Allen and the paragraphs in Black's arrangement has the merit of simplicity, but what other merit as a criticism I am unable to discover. It is only paralleled by the plan adopted by the sapient judge in "Knickerbocker's History of New York" to ascertain in whose favour the balance of the account between plaintiff and defendant lay, which was to weigh their respective ledgers.

Dr. Berridge is not content with criticising, after his fashion, the work before him ; he proceeds to criticise and denounce a work not yet published, which he describes in these choice terms : "The very latest development [of what, not stated] is that the British Homœopathic Society and the American Institute of Homœopathy have joined in unholy marriage, that from their fraternal embraces may be produced—a miserable abortion, an insult deliberately flung in the face of Hahnemann himself—a Materia Medica (save the mark !), from which all symptoms reported as coming from attenuations above the 12th decimal are to be excluded, unless in accord with symptoms from attenuations below. Surely, to parody the words of the poet, 'The force of folly could no further go.' " The "force of folly" does not strike us as a very happy phrase, but the parodied line is a very pretty piece of alliteration, and reminds us of the three F's of the Irish Land League. Some might be disposed to think that the "force of folly" might go still farther, if, for instance, the authors of the forthcoming work were to admit into it some of the remedies introduced into medical practice by Dr. Berridge himself,¹ such as *Luna* c.m. (which means the 100,000th dilution of moonshine), *Nix* c.m. (the 100,000th dilution of snow), or *Magnes Australis* c.m. (the 100,000th dilution of the supposed emanations on to milk sugar of the south pole of a magnet). By the way, Hahnemann, in his *Materia Medica*, gives very precise directions for the medicinal employment of the magnet and its poles, but these say nothing about diluting with dirty water or otherwise the imaginary magnetic emanations. Apparently, Dr. Berridge does not consider these directions as the "practical teachings" of Hahnemann which he tells us have obtained his "absolute and unwavering acceptance." If, as is most likely, we fail to admit these astonishing remedies of Dr. Berridge's into the forthcoming work, no doubt Dr. Berridge will denounce us in his equally courteous and felicitous alliterative style as

¹ *The Organon* (Periodical), Vol. III., p. 53.

"materialistic mongrels."¹ It seems a pity that Dr. Berridge could not have been present to forbid the banns and so have prevented the "unholy marriage" of the two societies whose "fraternal embraces" are destined to procreate only a "miserable abortion." The metaphor does not seem somehow "to run on all fours," but then metaphor is not Dr. Berridge's strong point.

It is surely a novelty in the reviewer's art to criticise an unpublished work, and would seem to imply the possession of some prophetic gift or prescient foresight on the part of the critic. May we not say of it, in humble imitation of Dr. Berridge's parody, "the force of wisdom could no further go"? For Dr. Berridge is a very superior person, and being this, he naturally considers all who differ from him fools, and does not hesitate to denounce their actions as "folly." Like many other superior people, he makes up for the feebleness of his arguments by the strength of his language. I suppose it was the consciousness of this superiority which led him, some years ago, to cross the Atlantic for the purpose of lecturing the American homœopaths on their ignorance of Homœopathy. Dr. Berridge seems to have an idea that he is one of very few who are acquainted with the writings of Hahnemann, and that he has a special mission to expound the gospel of Homœopathy and to admonish his colleagues of their backslidings and deviations from the true faith. I may give an extract from this lecture, which shows at once the *ex cathedra* style in which Dr. Berridge laid down the law to his American colleagues, and his intimate acquaintance with Hahnemann's latest teachings. "You meet," he says, "with a chronic case which is benefited by your remedy; the symptoms cease, then return in a milder form. What are you going to do now? Will a mere knowledge of the law help you? If you have not the rules of Hahnemann to guide you, you will probably repeat the medicine, and so do harm." Compare this with Hahnemann's latest deliverance on the same subject: "The repeated administration of one and the same medicine is *indispensable* to obtain the cure of a great chronic disease" (*Chr. Krank.*, 2nd edit., 1837, vol. iii., p. v.). How those of Dr. Berridge's hearers who were familiar with Hahnemann's latest teaching on the subject must have stared at being lectured in this style! The Americans did not like it, but then they did not know Dr. Berridge as we do. We

¹ *Ibid.*, Vol. III., p. 53.

do not mind being lectured on our ignorance of Homœopathy and called names by Dr. Berridge, for like the dogs who, Dr. Watts tells us, "delight to bark and bite," it is his nature to. We are never quite sure that anything appertaining to Homœopathy is really good until it has been well abused by Dr. Berridge. And yet Dr. Berridge is serenely unconscious of the effect produced by his criticisms and invectives, for, to parody the words of another poet:

" Like John P.
Robinson he

Thinks the world must go wrong if he don't holler Gee ! "

Dr. Berridge gives a final fling at the new *Materia Medica*: "Assuredly, Hahnemann would never have endorsed such fragmentary compilation as this, neither will his disciples." Here Dr. Berridge makes himself the mouthpiece of all Hahnemann's disciples in a way that reminds us of the three immortal tailors of Tooley Street, who began their manifesto with, "We, the people of England." But no doubt Dr. Berridge believes that Hahnemann's true disciples are not much more numerous than that celebrated triumvirate.

FREETHOUGHT IN MEDICINE.

By CHARLES E. TAYLOR, M.D., F.A.A., St. Thomas, Danish West Indies.

FREETHOUGHT in Medicine is a subject which commends itself to the notice of every liberal physician.

Its encouragement among the masses and the propagation of ideas in connection with it, is the duty of every one interested in the disestablishment of monopoly. Not until the public are made acquainted with the merits of every school of practice, and they are disabused of the notion that the orthodox practitioner is the most respectable and the sole possessor of all the knowledge pertaining to medical science, will justice be meted out to those who best deserve it.

That the present attitude of certain members of the profession throughout the civilised world, with some honourable exceptions, is a standing menace to the liberties of the people, and a challenge to the right of every man to choose the physician he likes best to attend him, no one but the bigoted or ignorant will deny; and that a movement to check their encroachments upon medical freedom would be a

right one, nobody will hardly dispute. The very essence of social advancement being rebellion, or a revolt against what is generally known as constituted authority, it will not be difficult to see how progress has been made when some bolder spirit than the rest has ventured out of the beaten track, and in defiance of that social ostracism, which is so often the lot of the independent thinker, has worked out, alone, some difficult problem or improvement in science.

A glance at the history of Conservative Medicine will show how from its earliest days, it has been a history of privilege, not to say intolerance, persecution and injustice. When the unblushing ignorance, which yet advocates blood-letting as chief upon the list of remedies for inflammation, was unveiled by such men as Morrow and Wooster Beach, it persecuted. When Hahnemann proclaimed the law of *similia similibus*, and the mechanism of the dynamisation of medicines, basing the truth of his immortal discoveries upon experiment and observation, it persecuted. And now, what does it do, when any one violates its so-called code of ethics, or infringes upon a monopoly exclusively its own? It persecutes still. The old spirit is not yet dead, and under the cloak of scientific discovery, only too often appropriated from those whom it stigmatises as quacks and pretenders, it has obtained such a hold upon the public and the minds of legislators, that were it not for its repeated failures and blunders in the cure of disease, all would fall down before it, and no other school of medicine be possible.

And yet it is not uncommon to hear all this contradicted, and we have known homeopathic and eclectic physicians hug the delusive idea to their bosoms, that the schools were daily coming closer together, more united, more brotherly, and that only a thin line divided them! The vacillating policy which believes in such nonsense is only equalled by the arch-hypocrisy which dictates it. There is hardly a day passes which does not reveal a blow aimed at the integrity of the homeopathic or eclectic schools, by their old time adversaries, and the homeopathic or eclectic physician who believes otherwise is not properly informed on the subject.

Only last July, in the city of Copenhagen, Denmark, five homeopathic physicians were fined 200 crowns each for dispensing homeopathic medicines to their patients. It was in vain that these men proved that there was only one homeopathic drug-store in the city, which was not kept open at

all hours, and that it was often impossible for the allopathic apothecary halls, to whom they sent their prescriptions, to deliver them, except through the homœopathic apothecary hall. It was no use that they showed that this very often caused great delay, and that they could not get the necessary medicines otherwise, properly made up, and that by preparing their own medicines they knew what they were getting. An old law of the 4th of December, 1672, was found out and fitted to their case, just as it was applied to the writer of this article in 1883 for exactly the same offence, when, on refusing from principle to pay the unjust fine which was inflicted upon him, he was condemned as a criminal, had his homœopathic medicines confiscated, and was sentenced to *seven times forty-eight hours' bread and water, and fourteen days' common imprisonment*—a sentence which would have been carried out to the letter had not the people of St. Thomas, indignant at such a perversion of justice, come forward and procured his release.

At first sight, such persecutions as these appear disheartening and contrary to the spirit of progress, but as the blood of martyrs was the seed of the Church in olden times, so it may be safely presumed that every medical prosecution instigated by the high priests of science but adds new dignity and strength to the cause of liberal medicine. Not but what reformers of all shades of opinion, whether homœopathic or eclectic, have been equally persecuted elsewhere; and while they have made great advances towards obtaining the same privileges as their adversaries—privileges to which the indisputable superiority of their practice justly entitles them—it must never be forgotten that, owing probably to their own lack of energy, other countries, notably the West Indies, are yet in the dark as to their methods of treatment; and it is only by giving greater publicity to their doctrines and sustaining the lonely pioneers of medical reform who live there, that the homœopathic or eclectic colleges of America may hope to see their graduates take the place to which they are entitled in these islands, and obtain a footing in families who only remember the existence of such a practitioner, should one be among them, when death knocks at their door for some loved one whom allopathic uncertainty and doubt cannot save.

In places like these, where orthodoxy shines forth as brightly as the tropical sun at noon, and laws as old as Methusaleh threaten the daring innovator, by a species of

natural depravity not uncommon in more civilised countries, State protection can be invoked at any moment, by the non-progressive physician. Not that this need be wondered at, if we consider the advantages such protection affords to the arbitrary, unjust, and designing. As an eminent writer has justly remarked—"It is the characteristic of privilege, and of every privileged position, to kill the mind and heart of man. The privileged man, whether politically or economically, is a man depraved in mind and heart. That is a social law which admits of no exception, and is as applicable to entire nations as it is to classes, corporations, and individuals. The greatest scientific genius, from the moment he becomes an officially licensed *sarant*, inevitably lapses into sluggishness. He loses his spontaneity, his revolutionary hardihood, and that troublesome and savage energy characteristic of the greatest geniuses ever called upon to destroy old worlds and lay the foundations of new. He undoubtedly gains in politeness, in utilitarian and practical wisdom, what he loses in power of thought. And if he does not become a tyrant in practice, he does in theory, which is almost as bad."

And here the question naturally arises, can there be free thought in medicine, in view of the immense hold which the Dominant School has obtained upon society? Governments have not been slow to perceive how the influence of priesthood has ceased to make itself felt among the masses, and how the people, as they become more and more enlightened, dare to shake off slavish superstition and think for themselves. With the prospective loss of such a powerful auxiliary, it has become necessary to enlist another on its side, perhaps, which in the garb of scientific authority and under the cloak of a mission to humanity, shall enter our homes and dictate to us the manner in which we shall pass through existence and live. Already the poisoned lancet, in the form of vaccination, is made compulsory; and in the dim future we see the points of others directed towards us, marked hydrophobia, cholera, and the rest of the zymotic diseases, backed up by laws as infamous as they are a disgrace to the men who have framed them. A scientific despotism is at hand, which bodes more ill to the human race than all that it has ever submitted to in past ages, because sustained by the inexorable logic of a body of men, who, by a series of abstractions, put themselves outside of and above immediate contact with life, who look down upon their fellow-creatures as objects to experiment upon, and

subjects upon whom to exercise a future authority in all that pertains to a healthy condition of existence. In other words, in their existing organisation, monopolising science and remaining thus outside of social life, the *savants* form a separate caste, in some respects analagous to the priesthood. Scientific abstraction is their god, individualities their victims, and they are the licensed sacrificers. In fine, history but repeats itself. We have before us now a pile of Danish newspapers, chief among them the *Dagblad*, which has reproduced in its columns, ostensibly for the benefit of the people, as it is the most widely-read paper in Denmark, the speeches of most of the distinguished physicians who were present at the great Medical Congress. Are the voices of the eminent homœopaths or eclectics, whose names are household words in America, among them? Emphatically no! Such revolutionary ideas as theirs would not be tolerated for a moment in so august an assembly. Men like these same homœopaths and eclectics, who have done more to popularise medicine and bring sanitary science to the homes of the multitude, are not welcome to the presence of royalty and the self-constituted kings of medical science. We have in our mind's eye all the festivities in Copenhagen given in celebration of the visit of these 1,800 representatives of the Conservative School of Medicine. We see the spacious hall, where this galaxy of learning met. We see a king, his family, and nobles, listening to the pearls of eloquence falling from the lips of many a one famed in the annals of medical science. The discoveries of a Pasteur, an Esmarch, or Virchow are such as would do honour to any country. But all this pomp and show ill befit the true scientist, whose proper place in the world's history should be that of modest retirement, working out humbly, trustfully the problems which are to regenerate humanity. Courts and pageants are not for such as he. It is not for him to sacrifice his principles before the altar of a despotism which heretofore has made a martyr of him. It is for him, as it is for every liberal physician, to hold himself aloof from all such vanity. It is for him to teach his fellow-beings the laws which govern health. To teach mankind how to be well. Not to enforce nor help to enact arbitrary laws against other health-teachers, whose methods may differ from his own; not to exchange the sanctity of the physician's garb for the sceptre of a tyrant nor the name of persecutor. We object not to honours being showered upon a profession

which is too often ill-rewarded, but we object to the inordinate selfishness and exclusiveness which would shut out all other systems in favour of only one especial school. We claim that there should be no limit to free thought on medical topics. No code of ethics to be a bone of contention to the profession. That, as the mind of man is progressive, so should he be allowed the utmost liberty of conscience. In vain are despotic and arbitrary laws, which crumble into the dust before the light of free thought and public opinion. And those of the medical profession who will not learn a lesson from the recorded fate of systems founded upon such barriers to human progress, do not fully comprehend their mission nor deserve the name of liberal physicians.—*Medical Advocate.*

CLINICAL NOTES.

By T. E. PURDOM, M.D.

MR. D., æt. fifty-seven.—Very nervous, voice and body tremulous. Has been at home for some days under treatment, and steadily getting weaker. The weakness is out of proportion to time of illness. He has some cough, and expectoration tinged with blood. His chest was examined anteriorly, and nothing found to account for the symptoms. His doctor blamed the stomach mostly.

Feb. 26th.—I saw him for the first time to-day. With the above symptoms his pulse was over 90. Temperature over 101°. Tongue red, dry, and glazed; throat aphous. There is great prostration; cough with slight haemoptysis. Not much dyspæcia, and no pain with respiration. Skin dry; no attempt at perspiration during attack. Bowels costive. Nothing is detected in the chest anteriorly, but at the very base of the right lung, posteriorly, there is distinct crepitation, partial consolidation, and bronchophony. There had been no distinct rigor at the beginning.

Treatment.—To go to bed; to have frequent liquid nourishment, with some stimulant.

R. T. *Baptisia* φ ʒj., aqua ʒvj.

T. *Phos.* 2c ʒj., aqua ʒvj.

ʒij. every alternate hour.

27th.—Saw him at his own house, and found him much better. Has perspired freely; fever gone; mouth and throat not so dry. Continue med.

28th.—Improving. Still blood in sputum.

R. *Phos.* 3x m.ij.; *Ipec.* 1c m.iv.

29th.—Much better himself, but still some haemoptysis.

R. *Phos.* 2c, and *Ferr.-Acet.* 1x m.ij.

March 1st.—Less blood. Continue.

4th.—Improving. Continue.

6th. Improving. Double the dose.

10th.—Sputum and blood almost gone. Feels very well. Has of course been getting up and moving about a little after the first few days.

13th.—He came to see me, and is now quite well.

Notes.—This case illustrates the importance of careful examination. Also the immediate change for the better on taking the medicines; the *Baptisia* specially suiting the fever, typhoid state, dry tongue, aphthous throat; and the *Phosphorus* dealing more with the actual disease in the lung. A mere favourable crisis would not explain the rapid improvement.

Psoriasis Diffusa.

Mrs. B., æt. thirty-nine. Very stout; catam. irregular; general health fairly good. Tongue somewhat red and irritable. For some weeks before present date (Feb. 18th) she has observed rash, and has been treated for it with ointments, etc., with no benefit. The rash is mostly on the legs. There is great irritation.

R. *Trit. Ars.-Alb.* 3x, grs. v. ter in die; *Trit. Sulph.* 3x, grs. v. nocte maneque. Hot bath and carbolic soap every second night. Hot sponging to allay the itching. Rose-water, eau-de-Cologne, etc., if required, for the same purpose.

March 4th.—Eruption nearly gone; itching quite ceased. Feels and looks quite well. Was advised to continue treatment a little longer.

THE PEARCE FUND.

DR. BURNETT still has £4 4s. remaining from the sum collected, and unless this sum is applied for within one month from this date Dr. Burnett will hand it over to the Homœopathic Medical Benevolent Fund.

FURTHER REMARKS ON HOMOEOPROPHYLAXIS.

By J. COMPTON BURNETT, M.D.

THE law of similars as a scientific basis of preventive medicine has heretofore not been duly or rightly apprehended. Even so late as last month we find Dr. Proctor (*Monthly Homeopathic Review*, art. "Vaccinosis") stoutly trying to pooh-pooh it away, because from time immemorial it has been customary to give *Pulsatilla* as a preventive of measles, *Bell.* as a preventive of scarlatina, and so forth. Vaccination, too, has been claimed as evidence of the truth of Homœopathy. I remember a few years ago hearing the subject of vaccination conversed about at a meeting of the British Homœopathic Society, when a number of members stoutly claimed vaccination for Homœopathy; the last remark I heard made was by Dr. Dudgeon, who said, "Vaccination has nothing to do with Homœopathy." Many other able men besides Dr. Dudgeon have all along denied that vaccination has anything to do with Homœopathy.

Dr. Proctor, in the article just referred to, claims that what I propose to call homœoprophylaxis has all along been an integral part of Homœopathy.

The fact is, curing and preventing have heretofore not been duly differentiated, and would most likely have still remained jumbled together, were it not that we are entering upon a new era of prophylactic medicine; and we must look at the application of the law of similars afresh and free from the pettiness of individuals. It is doubtless very unfortunate that some one else—Dr. Proctor, for instance—did not call attention to the necessity for a clear separation of curing and preventing according to the law of likes, for since preventing is better than curing, the two cannot be the same, and if we are to progress the separation must be made, as different conditions exist in the two proceedings, and the modalities must vary considerably.

Dr. Proctor's assertion that the application of the law of similars to preventive medicine is "mere commonplace" and the "question is to be dismissed" is childish in the extreme. Granted that Hahnemann started with the idea ninety years ago (see his tract on *Belladonna*), granted that all through these ninety years there have existed two or three examples of the application of the law to prevent as well as to cure, still it is only quite lately that a vast number of new empirically stated facts have been registered by eminent ex-

perimentalists, and it was the very crowding of these facts that helped me to see vaccination in its true light—viz., as an example of the application of the law of similars to preventive medicine, *i.e.*, homœoprophylaxis. Of course it may have appeared thus clearly to other minds before, but no one came forward to enlighten me, so I did it for myself. Plenty of people maintained that vaccination was Homœopathy, that M. Pasteur's facts were Homœopathy, yet there it remained. But M. Pasteur deals with *preventive* medicine under conditions and modalities quite different from those under which we apply the law of similars to *cure* disease.

Personally, I could never really understand vaccination till I came to see it in the light of homœoprophylaxis : as an example of that, all its problems can be readily solved ; considering it as part and parcel of Homœopathy obscures it rather than making it comprehensible. Not only cannot vaccination be really understood without considering it from the homœoprophylactic standpoint, but Pasteurism also cannot be understood. Thus I have before me the following clipping from a journal :—

"The secretary of the Anti-Vivisection Society, commenting upon Dr. Tyndall's letter mentioned last week, denies that the professed results have been obtained, and says :—' It is unfortunate for Professor Tyndall, and how he has overlooked the fact I cannot conceive, that in the "Twelfth Annual Report to the Local Government Board, 1882—3" (Supplement, p. 201, etc.), there is a report from Dr. Klein, based on experiments on sheep, guinea-pigs, and other animals, which shows that Pasteur's "vaccine," instead of rendering the animals immune against anthrax or splenic fever, simply killed them. This demonstrates that M. Pasteur's safeguard is, on the contrary, a source of danger and of death.' "

Here we have the Pasteurians and anti-Pasteurians pitted against one another, just like the vaccinators and anti-vaccinators, and we are in both cases, without homœoprophylaxis, at a dead-lock ; but in the light of the law of similars the two positions are clear enough and readily comprehensible.

Of course "M. Pasteur's safeguard" *must be* "a source of danger and of death," else it were no (homœoprophylactic) safeguard against danger and death.

The dose required and the duration of its action are the great elementary problems to be solved, and it is neglecting

to solve these elementary problems in regard to vaccination that leaves the question in everlasting uncertainty.

Quite lately a patient of mine sent me a clipping from the *Echo* newspaper, giving an account of a girl coming from the country in capital health, and going to a metropolitan hospital to be trained as a nurse ; there they vaccinated her, and (I think it was) seven weeks thereafter she got small-pox. This is not an isolated circumstance by any means, and it signifies, not that vaccination is no preventive against variola, as say the anti-vaccinators, but it means that the diseasing-dose was too great to be homeoprophylactic. The tortuous wriggings of the vaccinators to explain away cases of this kind are so different that one cannot deal with them ; it is generally something wrong with the sweet "lymph," however.

I propose to return to the questions of *Vaccinosis* and *Pus versus Lymph* another time.

London, February 13th, 1885.

TORQUAY.

"The most lovely sea village in England."—Tennyson.

"The Italy of England."—Ruskin.

"What a beautiful country!"—Napoleon I.

It is claimed for Torquay that at the present moment it stands pre-eminent as a health resort, not merely because, as Tennyson so aptly and truthfully says, it is "the most lovely sea village in England," but in a strictly sanitary sense ; nothing that science, skill, and money can achieve has been left undone, no loophole for the insidious entrance of disease into the homes of the inhabitants is suffered to exist ; the local authorities, as well as their efficient sanitary staff, are imbued with a deep sense of the importance of perfect sanitary arrangements, and devote no little time, energy, skill, and constant supervision, to maintain in a high state of efficiency all matters bearing upon, or contributing to, the health of the people.

From time to time a house inspection is made, especially in the more crowded districts occupied by the poorer people, and whenever necessity arises, or at the request of the owner, occupier, or intended occupier of any house, a thorough examination is made—without charge—by the sanitary inspector, who reports to the Medical Officer of Health on the

condition of the habitation, and the improvements, if any, that are required, and that must be carried out. Every sanitary alteration must be completed to the satisfaction of the Medical Officer of Health, who then issues his certificate to that effect.

Torquay first began to gain repute during the Napoleonic wars. In those stirring times war ships and even fleets were often sent to Torbay to wait for orders—indeed it was seldom but that representatives of the royal navy were at anchor in the bay. As these ships were at times detained for weeks and months, the officers would send for their wives and families; and to meet their requirements villas and cottages were built. Soon it was observed that the delicate members of these families gained strength in a manner quite unexpected; that many who at home winter after winter had been laid up with chest affections, were able here, not only to escape the dreaded attack, but instead of being confined to one room for the winter months, were out of doors day after day.

From that time to the present Torquay has continued to grow, until having absorbed nearly the whole of the hamlets of Tormoham and Torwood, it has spread into Cockington on the one side, and Babbacombe and St. Marychurch on the other; indeed, it requires now the local knowledge of a parochial official to point out where one parish ends and its neighbour begins. Some idea of this growth will be formed from the following tables taken from the census returns:—

	Population.				Inhabited Houses.		
1801	838	...	...	143
1811	1,350	...	...	253
1821	1,925	...	...	308
1831	3,582	...	...	551
1841	5,982	...	...	926
1851	11,475	...	...	1,624
1861	16,419	...	...	2,183
1871	21,657	...	...	3,071
1881	24,760	...	...	3,576

It is needless to observe that this rapid growth in an out-of-the-way corner of Devon has not taken place as the result of a fashion of the moment. The experience of nearly a century has shown that Torquay possesses a climate admirably suited for certain classes of invalids; for instance, those in the early stages of phthisis, or suffering from chronic bronchitis, throat affection, and rheumatism. Children and young people suffering from the minor ailments arising from delicacy of constitution seem to thrive and outgrow their weakness,

and in their turn are enabled to become useful members of society. The mild, genial, equable climate which suits the young also greatly sustains the vitality of elderly people who have passed their lives in colder and more trying regions ; these are able in this favoured climate to enjoy the good things of this world under more favourable circumstances, and for a much longer period than they could possibly have done in their own homes in the north.

The two essential elements on which the health and well-being of every community rest are, "the water supply" and "the drainage." If either of these happen, from any cause, to be defective, no sort of natural physical advantage, no amount of personal care, can get rid of the potent danger that may lurk in a cup of water, or in the poisonous death-laden air from an ill-constructed leaky drain.

No pains have been spared by the inhabitants to make the town as sanitarily perfect as possible ; and by comparing the following table of the causes of death with those of other health resorts, it will be seen how remarkably free Torquay is from that bane of modern towns—typhoid fever : —

Causes of Death in Torquay for Five Years.

	CAUSES.	1870.	1880.	1881.	1882.	1883
Small Pox ..	...	0	0	0	0	0
Measles...	...	5	26	8	1	7
Scarlatina ..	...	1	6	0	0	1
Diphtheria ..	...	0	0	0	0	0
Croup (not spasmodic)	...	1	1	1	3	0
Whooping Cough ..	...	5	18	9	1	15
Continued Fevers. {	Typhus ..	0	0	0	0	0
	Euterie ..	1	6	5	2	2
	Other or doubtful sort ..	0	0	0	0	0
Diarrhoea ..	...	2	16	3	4	8
Cholera ..	...	0	0	0	0	0
Rheumatic Fever ..	...	0	1	0	1	3
Erysipelas ..	...	2	0	1	1	0
Pyæmia...	...	2	1	1	0	1
Puerperal Fever ..	...	0	1	0	1	0
Ague ..	...	0	0	0	0	0
Phthisis ..	...	67	46	52	52	56
	Bronchitis, Pneumonia, and Pleurisy...	81	73	57	70	76
Heart Disease ..	...	31	28	24	32	30
Injuries...	...	9	6	8	7	5
Other diseases ..	...	174	201	203	188	210
		381	430	372	363	414

The average death rate for the last five years has been 15·68 per 1,000, but by excluding short-stay visitors, sailors,

and patients sent from outlying districts to the Infirmary, or one or other of the three "Homes" for consumptives, the average is very much reduced. The mortality amongst strangers is about 2 per 1,000, and this would bring down the general average to 13—14 per 1,000, a remarkably low figure for a population of 25,000, comparing favourably with the death rate—20 per 1,000—of "all England," and of the chief towns and health resorts.

Torquay will always be a fashionable and favourite winter residence. Situated on the southern slope of the north-eastern shore of Torbay, and protected on the east and north by limestone hills, it is open to the south and west, so that in winter and spring, when the cold east and north winds are so very trying to invalids and elderly people, it is sheltered as if by huge artificial walls 450 feet in height. Owing to this, and its position on a peninsula nearly surrounded by the sea, the *climate in winter is very mild and equable*, as instanced by the luxuriant growth of sub-tropical plants. The mildness of the air, freedom from fogs, and the absence of those marked changes between day and night, form sufficient reasons why the winter and spring months are the favourite ones for the delicate and the invalid; but of late years the number of visitors during the summer and autumn has steadily increased; indeed, to see Torquay in all its beauty a visit must be paid in summer and autumn. *There is no greater fallacy than the somewhat prevalent one that because Torquay is mild in winter, that therefore it must be hot in summer.* The fact of the town being nearly surrounded by the sea is sufficient to prevent that scorching heat not unfrequently experienced even at the popular summer seaside resorts. In the hottest summer the thermometer constantly ranges 8° to 10° lower than, say, at Kew. If the town consisted of streets with long rows of heat-reflecting houses the heat might be more observable; but streets and shops form a very small portion of Torquay. The residences are villas, each in its own garden, built on the slopes of the several hills which meet together at or near the harbour. In addition to the cooling effects of the sea, there are always, even in the hottest of summers, cool breezes fanning the tops and sides of these hills. It is very commonly remarked by observant writers who have spent a few weeks during the summer, that they have been surprised to find Torquay so cool.

The accompanying table of temperatures at Torquay and Kew for the three weeks ending July 12th bears out the

above statements, and will prove interesting for comparison :—

JUNE.	22nd.		23rd.		24th.		25th.		26th.		27th.	
	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.
1884												
TORQUAY	deg.	deg.	deg.	deg.	deg.	deg.	deg.	deg.	deg.	deg.	deg.	deg.
TORQUAY	70	56	70	54	68	53	69	53	72	50	70	54
KEW	70	51	67	56	71	50	73	59	79	52	80	53
JUNE.	28th.		29th.		20th.							
TORQUAY	73	55	67	54	66	52						
KEW	77	56	72	56	74	51						
JULY.	1st.		2nd.		3rd.		4th.		5th.		6th.	
TORQUAY	66	49	68	50	69	57	68	57	67	59	69	54
KEW	75	56	78	52	84	54	84	56	75	57	69	55
JULY..	7th.		8th.		9th.		10th.		11th.		12th.	
TORQUAY	67	59	69	56	65	49	67	57	63	51	64	52
KEW	76	56	84	55	78	60	73	56	69	54	68	56

In addition to the usual seaside attractions, there are in the immediate vicinity walks and drives innumerable, and every possible variety from the cool and shady Devonshire lanes to the wild and romantic tors of Dartmoor. For the geologist, archæologist, and botanist will be found, within easy distance, ample occupation; and for the votaries of pleasure, pic-nics, and such youthful vanities, there is every opportunity and occasion for employment and enjoyment.

CONTRIBUTION TO THE PATHOGENESY OF ORANGE BLOSSOMS.

IN "The Maritime Alps and their Seaboard," by the author of "Véra," I read: "The scent from this mass of flowers is very trying to nervous people, and as it produces an exasperated and exasperating form of hay-fever, some patients are tempted to run away from this coast, and, hurrying back to England, to arrive just in time for the twenty-ninth snowstorm of the spring. The period of flower picking extends over thirty days. Crowds of women and girls go to work on the orange farms, and it is an odd sight

to see them perched, like so many monkeys, in the branches of the round-headed trees. There they chatter and sing till the noonday heat silences their voices, and the season is fortunate if it passes over without one or more cases of the peculiar syncope to which orange-blossom pickers are subject. I have seen a man lie insensible for so long that a doctor had to be summoned, the pollen of these flowers acting occasionally as a poison to the nervous system. Creosote and strychnine can be used as antidotes, but I confess I find an orange farm a disagreeable neighbour, and am better pleased when *roses de mai* are in season."

J. C. B.

BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq., F.L.S.

Order 10. DROSERACEÆ.

Drosera rotundifolia (Common name, Sundew, Round-leaved Sundew).—Found in boggy places. This well-known and elegant little plant was at one time used to remove warts and corns. It is so acrid that when applied to the skin it will cause ulceration. Before any proving of the drug was made, it was esteemed as a remedy in *asthma and coughs*. It produces fatal coughing and delirium in sheep who eat it. In Homœopathy it is a prominent and common remedy in hooping cough and various kinds of spasmodic cough. There is a good proving of the drug showing its action on healthy persons. The following are some of the symptoms *produced*, and they are cured by *Drosera* when they arise from natural causes:—

Bleeding of the nose; frequent sneezing, with or without coryza; profuse fluent coryza, particularly in the morning. Voice hoarse, deep, requires exertion to speak; husky, hollow, toneless; constriction of the larynx when talking; sensation as from a feather in larynx, exciting cough; chest and throat symptoms worse from talking and singing; desire to support the larynx when swallowing or coughing; oppression of the breathing; periodical paroxysms of whooping-cough in such frequent successions that the breath can scarcely be taken; worse in the evening on lying down, and at night, with drawing-in of abdomen, with vomiting of water, mucus, and food; bleeding from the nose and mouth; aggravation of the cough by warmth, drinking,

tobacco smoke, laughing, singing, weeping, after lying down, after midnight or in the morning, and many other chest symptoms. It produces aversion to pork.

Orders 11, 12, 13, and 14 contain no English plants that are used in Homœopathy.

Order 15. MALVACEÆ.

Malva moschata (Musk Mallow).—The most elegant of our native mallows, flowering very freely, and throwing out a faint perfume of musk towards evening. It was at one time famous as a remedy for the gravel and for suppression of urine. There is no proving of the drug, but if proved it might perhaps be a valuable medicine.

Malva sylvestris (Common Mallow).—There is also no proving of this plant. It is used in the same way as the species previously mentioned, to promote the discharge of urine and to relieve strangury, gravel, etc.

Althaea officinalis (Marsh Mallow).—Found in marshy places, particularly near the sea. The virtues of this plant are beyond question, and it ought to be carefully and completely proved. It has been found useful in offensive diarrheas with violent pains in the bowels. It is largely used in consumptive coughs, pleurisy, and other chest and lung diseases. It helps women in labour, and increases the secretion of milk in the breasts. Pliny says "that whoever shall take a spoonful of any of the mallows, shall that day be free from all diseases that may come unto him." It is useful against the stings of bees, wasps, etc., the bruised leaf only being applied; also for inflammations of various kinds it is very cooling. For roughness of the skin, dandruff, falling-off of the hair, etc., this mallow is often very useful

CHIONANTHUS VIRGINICA—FRINGE TREE.

By I. J. M. Goss, A.M., M.D., Marietta, Ga.

SNOW-WHITE, from the Greek, *Chionanthus*—*chion*, snow, and *anthos*, a flower.

It is called old man's beard by the people, from its white bloom. There are three varieties of this shrub, some of which varieties possess dangerous narcotic properties; see Griffith's Botany. The Chionanthus, which has been

thoroughly tested by myself, and the results published from time to time, is a shrub, growing in sandy and rocky soils of middle Georgia, to the height of four to eight feet, with long fringe-like blooms in May. The bark of the root is the part used, and a normal tincture is the only reliable preparation. It has never been thoroughly analysed, but I procured from the *normal tincture* a resin, or oleo-resin, having the taste and odour of the root-bark. Its synergists are Chelidonium, Chelone, Carduus, and Euonymus.

PREPARATIONS.—The normal or saturated tincture is the only reliable preparation.

THERAPY.—The *Chionanthus virginica* has a special affinity for the liver, and considerable effect upon all the blood-making organs, including the stomach, glandular system, and spleen. Its indications are a yellow colour of the skin and eyes, or jaundice; a pain in the hypochondrium, or sense of fulness and pain in the hepatic region. I was first led to its use by trying it in my own (to me then) hopeless case of jaundice, while attending lectures, in the year 1843, in the medical department of the University of Georgia. After a long salivation for a slight fever that I had while reading medicine, my liver became greatly enlarged, my spleen also very greatly enlarged, and my digestion very feeble. I resorted to the saturated tincture made with gin, and in ten days it had entirely removed my jaundice, and greatly improved my digestion and general health. Since that time I have treated a great many cases of jaundice from hypertrophy of the liver and from the toxical effects of mercury. It is a valuable aid to other remedies in chronic hepatitis. I have never failed to cure jaundice in but one case, and I am fully satisfied that that was a case of gall-stones blocking up the duct. I now prescribe it regularly in all cases of ordinary jaundice, and in all cases of abuse of mercurials, and with uniform success in all such cases. As a remedy in syphilis it has but few, if any, equals. It is well adapted to all those old cases that have been mercurialised, or to cases of tertiary syphilis that have not been treated with mercury. It is a valuable remedy in mercurial cachexy, removing the mercury and improving digestion, etc.

I have often used it in those old cases of hypertrophy of the liver that had long resisted all our reputed remedies, and in such cases it has proved a rich boon to those unfortunate subjects. I have treated several cases of persons that were subject to an attack of jaundice every summer, and in every

instance the continued use of the tincture of Chionanthus has, in a single summer, broken up the disease entirely.

I find that it is necessary to give it in material doses, say from thirty to sixty gts., every three hours.

This remedy is now attracting much attention as a catalytic in syphilis, from the publication of J. Marion Sims's letter, giving the treatment of syphilis by the Creek Indians; and also the publication of old Billy-bow-legs' (a chief of the tribe in Florida) treatment of syphilis in his tribe, as given by Dr. Cull, of Camilla, Georgia. In this formula the Chionanthus is the principal remedial agent. The Secus Alterans is composed of the Stillingia Sylvatica, Smilax Sarsaparilla (bamboo brier), Phytolacca Decandra, Sappa minor, and Xanthoxylum Carolinianum (*the Sea Ash*). The receipt obtained of old Billy-bow-legs of Florida (chief of the Siminoles) is similar, only it has 1 oz. of the sulphate of copper to every eight gallons. In this receipt the Chionanthus is the principal remedy, as they put about 25 lb. to 30 lb., or even 40 lb. to 1 lb. of the other articles. And I am assured by Dr. Cull, of Camilla, Ga., a noted physician, that he has cured quite a number of cases of syphilis himself with it, and could have cured many more if he could have procured the remedies where he lives; and also stated that Dr. Crawford, of Crawfordsville, Florida, has cured a great many cases with this last compound. In the proving by Dr. John Z. Lawshe, of Atlanta, Ga., there was no effect produced by dilutions, nor by 1 gtt. doses increased up to 25 gts.; then he began with 30 gts., increasing the dose 5 gts. every hour until he reached 1 dram, taking three doses of 1 dram each; then he retired at ten o'clock at night well, and awoke at 4.10 a.m. with a severe headache just over the eyes, mostly over the left eye. The eyeballs became sore. Some cutting pains were felt in the abdomen. He then fell asleep, and awoke at 8.20 feeling sick, with soreness of the head and a pressing pain at the root of the nose. The stomach was very greatly nauseated, with desire for stool. On attempting to walk, vomiting occurred, with much nausea, and vomiting of green bile, which relieved the nausea. A cold perspiration now broke out, with a very weak sensation.

He then states that he had a very offensive stool, consisting of bile and faeces, with some griping. He states that he was quite nervous, with pain in the head and back, with no

appetite. His face assumed a yellow appearance. All these symptoms passed off in a few days.

The hitherto neglected shrub has now been proved to be one of our best alteratives and liver medicines. There is no remedy equal to it in jaundice, and none, perhaps, superior to it in tertiary syphilis. What effect it will have in scrofula is yet to be developed. Its very powerful catalytic effects upon the blood indicate it as an appropriate remedy for other blood-poisons besides syphilis. It is worthy of a thorough investigation. It grows abundantly in Georgia, and can be procured fresh, so as to have its full remedial effects in all cases demanding it.—*Medical Advance.*

CHIMAPHILLA FOR ANURIA.

I WOULD just state that the homœopathic profession will find an excellent remedy in *Chimaphilla* tinct., or 1st dil., for suppression of urine, in doses from five to twenty drops in half a tumbler of water; dose, one to two teaspoonfuls, from half to one hour apart.

I have found it one of the very best medicines for urinary suppression in new-born infants; dose, five to ten drops in a tumbler of water, one teaspoonful each hour. I have used it for over twenty-five years with unvaried success. Try it and report.—*J. H. Ginley in U. S. Med. Investigator.*

ELECTRICITY AS A WET-NURSE.

SOME time ago a query appeared in the *Investigator* as to the efficacy of electricity where secretion of milk was scanty.

A patient ten days after confinement had an attack of feverishness sharp enough to cause suppression of lochia, and a general disturbance. Electricity was used with happy results for all the symptoms. One electrode on the cervical vertebrae, and the other over the breast, was followed by a flow of milk in less than five minutes. This was invariable when a Grenet cell was used; with a Smee the time was longer and the flow more scanty. Patient with her first child had a very limited supply of milk; with this one, with an occasional treatment, she had no lack.—*E. E. Dickinson in U. S. Med. Investigator.*

NOTES ON IRIS VERSICOLOR.

THOUGH an old remedy, *Iris* has not been thoroughly studied. It is not enough to say that a remedy is alterative, we want to know what it alters, and whether the alteration benefits the patient. *Mercury* was an alterative, but it altered the patient's condition from bad to worse; we hope this will not be the case with the remedy under consideration.

It will be remembered that I have advised *Iris* in enlargement of the thyroid gland. Its action is direct and especially important when this enlargement is associated with, or based upon, derangement of the menstrual function or disease of the reproductive organs.

If we have a remedy for Basedow's disease—exophthalmia—it is *Iris*. Not that it will cure or control the advanced stages, but in the milder cases, and the early stage, it is the remedy to be selected.

Thinking in the same line, it is suggested—if a remedy for enlarged thyroid based upon uterine and ovarian wrong, why should it not be a remedy for some of these diseases without the thyroid enlargement? And so experiment shows it. Given an impairment of the general health, with cerebral disturbance and an enlarged uterus, *Iris* may be given with excellent results.

The thyroid is one of the ductless glands, and they are all—spleen, thymus, thyroid, supra-renal capsules—associated in disease.

In disease of the spleen we may have a peculiar blanched appearance—leucocythemia—but we may also have that dull yellowish brown, or even greenish brown, that would cause one to suspect Addison's disease. The pigment is increased.

In disease of the thyroid and thymus we observe an increase of colour in older patients until the skin is a dirty brown. The young may retain their fresh and rosy complexion.

In Addison's disease (supra-renal capsules), the bronzed discoloration of the skin is the characteristic feature.

In many of these cases there is a remarkable loss of flesh, in some progressive muscular atrophy, in all a decided wrong of bloodmaking.

Keeping our train of thought well in hand, we would anticipate a good action from *Iris*. Why? Because we have found it to possess a decided action upon one of these

glands. Old observers tell us that it has a direct action upon the spleen. A limited experience shows the reasoning right, because it does benefit the patient in Addison's disease, though it may not cure, and is the remedy for wasting of tissues with the deep pigmentation.

As an antisyphilitic it is one of the first of the vegetable remedies. I do not recommend it in all cases, and in all stages of the disease, for that would be bad teaching. We want to know the particular case and phase of the disease. I should say the one that shows a lesion of the brain, with or without the copper-coloured spots—but better with the pigment change.

I have made an effort to put the subject in a clear light, and not obscure it with many words. I might say more, "but enough is as good as a feast."—*Eclectic Medical Journal.*

A CASE OF MELANCHOLIA.¹

ON the 26th day of August, 1883, Mrs. S. P. S. was admitted as a private patient to the State Homœopathic Asylum for the Insane at Middletown, New York. She was a widow, aged forty-two years. She was a native of New York, a housekeeper, fairly educated, and of good habits. She was the mother of one child, which was born nineteen years ago. Among insane relatives are catalogued her own mother, her sister, and her father's sister. The causes of insanity in the case of Mrs. S. are recorded as climaxis and family troubles. To these might properly be added, overwork and worry. The patient cherished the delusion, which she constantly expressed, that her soul was lost, that she had committed the unpardonable sin, and that she was about to be judged by all her friends. She was sleepless, feeble, restless, and without appetite. She had vivid hallucinations of sight. Soon after admission to the asylum she thought she was dead. At times she beheld, in imagination, shifting panoramas of a most wonderful character. She declares that it felt like centuries and cycles since she had seen her sister and family doctor, when, in point of fact, she had seen them both the day before. The first prescription was *Cannabis Indica*. The patient was exceedingly suicidal, and tried

¹ Read before the Am. Inst. of Homœopathy, June, 1884, and reported by L. Freeman.

repeatedly to cut her throat and to hang herself. As a consequence, she was restrained in bed with a body bandage and a canvas sheet. About one month after her admission, on account of her excessive restlessness, frenzied violence, frightful hallucinations, she was given *Stramonium*. A few days later she commenced menstruating, and then was quite rational for a short time. Again she renewed the delusion that she was dead, and also thought that people were starving about her ; that she was being robbed ; that she was dying. Her extremities were cold ; she was bathed in a clammy perspiration ; she had a blue and pinched appearance, and was consequently given *Veratrum Album*. Under the use of *Veratrum* she seemed to improve quite rapidly ; her appetite increased ; she became quieter ; talked more rationally, and was able to be up and dressed. Still, she had occasional attacks of worrying and screaming, with an anxiety to die, and with a still more distressing anxiety to know what all her troubles meant. An intense desire to be constantly on the move, coupled with delusions of poisoning, led to the use of *Rhus Tox.* About the middle of January she passed into a condition of mental coherency, and her most unfavourable symptoms subsided. She began to feel that her soul was no longer lost ; the hallucinations faded away ; the physical strength greatly improved, and she became quite cheerful. After being relieved of the most distressing mental symptoms she complained occasionally of severe attacks of headache. These attacks were accompanied with nausea and vomiting, and were promptly relieved by the administration of *Iris Vers.* On the 29th of April, 1884, about eight months after admission, Mrs. S. went home perfectly restored both in mind and in body.

The most noticeable points of interest in this case are : first, the extreme physical prostration of the patient ; and, secondly, the extreme mental disturbances and excitabilities. The latter are most vividly remembered by those who had the care of her, but they cannot well be described. The mental and physical picture of the case can only be likened to the wails of a lost soul, accompanied by the contortions of a distressed eel ! The means for effecting improvement and cure in this case were : first, careful and persistent confinement to bed ; secondly, the administration of large quantities of liquid food ; and, thirdly, the faithful use of the indicated homœopathic remedy. We believe that this patient, from the severity of the symptoms manifested, could not have recovered

except by the use of proper restraint in order that the dietetic and medical means employed might have an opportunity to do their perfect work. Cases of melancholia with excitement are often permitted to be up, free from restraint, and to exercise constantly, day and night, until the physical strength is exhausted beyond the possibility of recuperation. Such neglected cases die from a lack of a wise application of a few yards of soft canvas.

Patients of this class are also sometimes permitted to go without food until starvation ensues. When such cases come to us for treatment we immediately proceed to save what little remaining strength they have by placing them in bed, and by enforcing quiet and rest; then we inject food by a nasal tube in sufficient quantities to guarantee full nourishment of the body. At the same time we apply a carefully selected remedy. The form of restraint best adapted to cases of resistive melancholia is simply a canvas sheet, which covers the entire bed, and is fastened on all sides, so that the patient is in an easy bag with the head free at one end. Padded mitts may also be needed to prevent tearing of the clothes and self-mutilation. Sometimes where the exhaustion is profound we use with striking benefit the wine known as the Hungarian Tokay. Prompt and satisfactory effects are secured from the use of the indicated homœopathic remedy; but as the symptoms are kaleidoscopic in their nature, and variable in their manifestations as an April sky, it is necessary to change promptly, at the right time, from one remedy to another, and yet changes should not be made without good reasons. The principle of giving a remedy which acts specifically upon that portion of the system which is most thoroughly disordered by disease must be kept in view. Another fact must be kept in mind, and that is: that all insanities are due to diseased or disturbed conditions of the brain. These disturbed conditions may arise from diseases of related organs. Hence remedies should be applied to the relief, both to the brain itself and of any other organ in the body which, when diseased, may produce reflexly a disturbance of the cerebral mass.—*S. H. Talcott, M.D., in Med. Era.*

TOBACCO OF COMMERCE.¹

By C. E. PALMER, Esq.

My reason for selecting the words "Tobacco of Commerce" as the title of my paper is that there are altogether more than forty species of tobacco, but only about ten of them are to any extent used.

BOTANICAL ORIGIN OF THE PLANT.

All tobacco is derived from the genus *Nicotiana*. The *Nicotiana* is a genus of the N. O. Atropacea, consisting of sticky-leaved herbaceous plants, natives of tropical America and Eastern Asia. The genus derives its name from Jean Nicot, a Portuguese, who introduced the tobacco plant into France in 1560. *Nicotiana Tabacum* furnishes more than half the tobacco used in this country. The specific name is derived, according to Humboldt, from the Haytian word for the pipe in which the herb is smoked. *N. Tabacum* is a handsome plant attaining a height of three to six feet, with large oblong lance-shaped leaves, some of which are attached to the stem for some distance before they are given off (decurrent). These leaves are covered with minute hairs, on the summit of which a gland is situated, which secretes the viscid fluid that invests the surface of the plant.

The flowers are in panicles on the end of the stem; the corolla is more than an inch in length, funnel shaped, with a distended throat, and of a pretty rose or pink hue; this species is largely cultivated in South America, Virginia, China, Holland, and various parts of Germany and France.

The cultivation of tobacco is illegal in this country, except on a very small scale in a botanical garden, and has been prohibited by law since 1660.

N. rustica is the next important species, and is grown in the East Indies, Manila, and in other quarters of the globe. It is a smaller plant than *N. Tabacum*, has stalked ovate leaves, and a greenish corolla, with a cylindrical tube; it grows more quickly, ripens earlier, its leaves dry more easily, and may with some care be made to retain its green colour, which is quite impossible with those of *N. Tabacum*.

N. repanda is a native of Havana, its leaves clasp the stem, and the corolla is white, with a slender tube. This species is used in the manufacture of some of the most highly-esteemed cigars.

¹ Abridged from *Chemist and Druggist*.

N. latissima is employed in the manufacture of Orinoco tobacco, but none is to be obtained now.

N. quadrivalvis and *N. multiralis* have, as their names imply, four-valved or several-valved capsules; these species are chiefly used in the manufacture of cigars.

HISTORY OF TOBACCO AND SMOKING.

It is stated by Von Martius that the practice of smoking tobacco has been widely diffused from time immemorial among the natives of South America as well as among the inhabitants of the Mississippi as far North as the plant can be cultivated. Europeans first became acquainted with tobacco in 1492, when Columbus and his followers landed in Cuba, and they introduced it into Europe for its medicinal properties. The custom of inhaling the smoke was learned from the Indians, and by the end of the sixteenth century had become generally known throughout Spain and Portugal, whence it passed into the rest of Europe and into Turkey, Egypt, and India, notwithstanding that it was opposed by the severest enactments both of Christian and Mahomedan Governments.

The first tolerably exact description of the tobacco plant is that given by Gonzalo Fernandez de Oviedo, Governor of St. Domingo, in his "Historia general de las Indias," printed at Seville in 1535. In this work the plant is said to be smoked through a branched tube of the shape of the letter Y, which the natives called "Tobaco."

It was not until the middle of this century that growing tobacco was seen in Europe, first at Lisbon, whence the French Ambassador, Jean Nicot, sent seeds to France (in 1560) as those of a valuable medicinal plant, which was even then diffused throughout Portugal. Monardes, writing in 1571, speaks of tobacco as brought from Spain a few years previously, and valued for its beauty and for its medicinal virtues.

The practice of smoking tobacco did not gain much ground among the nations of the North until Sir Walter Raleigh and his companions introduced it into England in 1586. At first it met with the most violent opposition. Kings prohibited it; Popes fulminated Bulls against it; and Sultans sentenced smokers to the most cruel kinds of death. Persecution, however, only helped to spread it, and at present smoking may be said to be universally practised by both civilised and uncivilised man.

CHEMICAL COMPOSITION.

Tobacco contains an alkaloid called nicotine, $C_{11}H_{14}N_2$, which when pure is a colourless liquid, sp. gr. 1·048 at 60° Fahr., boils at 482°, has an acrid odour and a burning taste; very soluble in water, fixed oils, alcohol, and ether. It is rarely used, and is so liable to turn brown by oxidation that it is next to impossible to maintain it colourless for any length of time. It is peculiar as being one of the liquid volatile alkaloids. According to Dr. Murray, tobacco contains: Nicotine, 2 to 9 per cent.; nicotianine, 2 grains per pound; a bitter extractive principle; fatty matter; tannin and gallic acid; a yellowish oil gum mucilage; salts of lime, potash, magnesia, soda, ammonia, silica, and moisture.

Tobacco leaves are remarkably rich in inorganic constituents, the proportions varying from 16 to 27 per cent. According to Boussingault they contain, when dry, about 1 per cent. of phosphoric acid, and from 3 to 5 per cent. of potash, together with 2½ to 4½ per cent. of nitrogen, partly in the form of nitrate, so that to enable the plant to flourish it must have a rich soil or continual manuring.

Tobacco smoke, when analysed, consists of nicotine, resin oil, ammonia, phenol, creasote, CO, CO₂, HCN, and H₂S.

Nicotianine is a concrete volatile oil obtained by distilling the leaves with water; 6 pounds of leaves produce only 11 grains. Nicotine, first obtained in impure state by Vauquelin in 1809, occurs as malate or citrate; it was obtained pure by Posselt and Reimann from *N. Tabacum*. M. Schloesing obtained nicotine thus: Exhaust the leaves by boiling water, evaporate to a syrupy consistence, and shake with twice its volume of alcohol; two layers are formed—the under layer is black and almost solid, and contains some malate of lime, the upper layer containing all the nicotine. This layer is concentrated by distillation, and again treated with alcohol to precipitate certain albuminous substances. This solution is concentrated and treated with a concentrated solution of KHO; it is allowed to cool, and is then agitated with ether, which dissolves all the nicotine. To the ethereal solution is added powdered oxalic acid, when oxalate of nicotine is precipitated as a syrupy mass. This is washed with ether, treated with potash, taken up with water, and distilled in a salt-bath, when the nicotine comes over, and may be rendered pure and colourless by redistilling in a current of hydrogen. The oil formed in pipes after smoking in them, and which gives the colour to the pipe, contains nicotine.

The question may perhaps be asked, if tobacco smoke contains such a deadly poison, why are there no more ill effects from smoking? It may be answered in this way. Tobacco when smoked only yields about $\frac{1}{30}$ th or less of its weight of nicotine, and very little of that is condensed in the mouth, besides which, again, the system becomes accustomed to it, as in the case of opium.

One drop of nicotine on the tongue of a large dog is sufficient to kill it in two or three minutes.

Henry Matthew Will committed suicide by taking nicotine on June 19th, 1859. This is the first death known in this country by nicotine. He was a pharmaceutical student, and over-theoretical work had driven him mad.

MEDICINAL USES.

As a medicine tobacco owes its value to its powerfully sedative and anti-spasmodic properties. It is given in dropsy, spasmodic asthma, colic, and retention of urine, and as a means of inducing muscular relaxation, and thus assisting in the reduction of strangulated hernia. Its use is now superseded by the more efficient chloroform.

It especially affects the heart, and, on account of the dangerous depression sometimes produced by its administration, it is but little employed as an internal remedy.

Tobacco as a medicine is nearly obsolete. In the course of nine years' active engagement in dispensing I have only had occasion to use it three times; then in a form of enema. I have never seen nicotine ordered by any medical man.

Externally tobacco has been employed in various skin diseases, and in the form of snuff as an errhine in head affections.

SNAILS AND MUSSELS AS FOOD.

(Translated from the French, expressly for the *Advocate*, by Mrs. Mary A. Sears, New York City.)

EVERY one knows of the enormous consumption of snails in Paris. The demand for them in Poitou, Bourgogne, Champagne, and Provence is more than 5,000 kilogrammes daily. The use of snails for the table is not a very ancient custom. It came from the East, where they are used instead of oysters.

The following, according to Payen, is the chemical analysis of the snail. In a hundred parts:—

Water	...	...	...	...	76
Nitrogenous substances	...	...	...	...	16
Fatty matter	...	...	...	...	1
Salt	...	...	...	...	2
Different substances	...	...	...	...	4

It is a food whose nutritive value is small; it is difficult of digestion, and requires very high seasoning. In Provence snails are eaten with "ayole," the sauce dear to the people of the South. In Belgium and Switzerland they are used largely in cooking. In Bourgogne, where those raised upon vines are eaten almost exclusively, they are prepared with wine, seasoned with the gravy of meats, spices, and citron, and with a sauce of fresh butter and milk are made into *pâtés*. In the north of France they are made into soup which is prescribed by physicians as a cure for rheumatism and consumption. Many physicians, in bronchial difficulties, prescribe the tisane, the syrup and *pâté* of snails. Dr. Chies-tien, of Montpellier, simply strips the animal of its shell, and makes his patients swallow it alive. This he repeats twenty-four times each day, and claims to have obtained remarkable effects from this barbarous practice. We have the firm conviction that he could have obtained nothing more than a severe fit of indigestion. But if the curative virtues of the snail are small, on the other hand these insipid molluscs are capable of producing poisoning, more or less grave, according to the season, or their production. It has been proved that after the indigestion of certain species of snails, and in summer, vertigo, nausea, colic, and numbness with general muscular prostration ensue. This demonstrates that these snails are fed upon the laurel, the hedge plant, the spindle tree, the box, euphorbium, and many other poisonous plants. Two cases of poisoning produced by snails which had been nourished at the roots of belladonna have been cited. The medical journals of 1875 recount the history of three persons poisoned by snails raised on henbane and the *datura stramonium*. To avoid these dangers, it is necessary to take the young snails and lay them upon a bed of aromatic drugs for several days before they are used. In the winter there is less danger in their use, as they shut themselves into their shells, and close the entrance.

From the snail to the mussel—from the land mussel to the

sea mussel—the transition is natural. The common mussel resembles the oyster in its production, its habits, and its nourishment. The chemical analysis of the mussel gives: water, 76; nitrogenous substances, 12; fatty matter, 2; salt, 2; different substances, 7. If we compare the chemical composition of the mussel with that of the oyster, we see that it is a more nourishing food than the latter. Mussels, like snails, are indigestible food, and can, out of their season, cause symptoms analogous to those of poisoning, namely, difficult respiration, colic, nausea, vomiting, swelling of the face, cutaneous eruptions, thirst, spasms, inflammation of the throat, etc. All these symptoms last for a greater or less time, but rarely longer than twenty-four hours. What is the cause of this poisoning? It is said to be due to the spawn of the star fish, very abundant on the beds of the mussel; to the presence of a little crab; to a malady of the mussel called "*gale*," or to the adherence of certain mussels to the hulls of old ships encased in copper. We know a large number of persons with whom mussels always cause symptoms of poisoning. In such cases the best and first means to be employed is to cause vomiting by the use of tepid water, or an emetic; to give mucilaginous drinks, lemonades, and baths. As the cooked mussels do not cause such bad effects, they should be washed, put into vinegar, sprinkled with pepper, and then cooked. But once more we repeat that mussels are an indigestible food, and unsuited to all stomachs.—*Eclectic Medical Advocate*.

REPORTS OF INSTITUTIONS.

REPORT OF THE HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

WE have received from the Committee of the Hastings and St. Leonards Homœopathic Dispensary their Annual Report, and are glad to note the continued usefulness of the Institution, and the evident appreciation of the homœopathic mode of treatment by the poorer classes.

We see that during the year 1,158 patients have presented themselves for treatment at the Dispensary, of whom 390 were under treatment for diseases of the eye. The total number of attendances recorded was 5,048, exclusive of 740 visits

paid to patients at their own homes, who had obtained home visiting tickets. There have also been 90 cases for dental treatment.

These statistics show that the number of patients presenting themselves for treatment during the year have been slightly in excess of the previous one, but the diminished number of attendances (about 400 in number) proves that increased work has been done, whilst requiring fewer visits from the patients.

The committee acknowledge with thankfulness the continued help from the Hospital Sunday Fund. They also tender their sincere thanks to the subscribers and donors who have so kindly aided them in their work, and trust that the same liberal assistance may be granted to them in the future.

The committee desire again to acknowledge their indebtedness to their medical officers, Dr. Croucher and Mr. Knox Shaw, who have continued to give their valuable services to the Dispensary throughout another year, also to Mr. P. Philip, for his services as dentist.

We see the income for the year was £363 8s. 11d., which is very encouraging indeed. Homœopathy is evidently a power at St. Leonards, and Dr. Croucher, Dr. Shaw, and Mr. Knox Shaw may well be proud of their success. The status of Homœopathy in a place is a good measure of the mental calibre not only of the inhabitants, but of the homœopathic practitioners there.

TWELFTH ANNUAL REPORT OF THE OXFORD HOMŒOPATHIC MEDICAL DISPENSARY.

Patronesses: Her Grace the Dowager Duchess of Marlborough; Lady Katharine R. Barker, Fairford Park, etc.
Chairman of Committee: Rev. Canon Chamberlain, M.A.
Treasurer: C. Underhill, Esq., J.P. *Physician*: Arthur Guinness, Esq., M.D., F.R.C.S.

The committee report this year an increase in the number of subscribers, as also in the number of new patients, as will be seen by the subjoined report of the physician, Dr. Guinness, to whom our thanks are due for the amount of labour undertaken by him, as also to the treasurer for the interest taken by him in the affairs of the Dispensary, and in the promotion of its financial success. Many patients continue

to attend from the surrounding towns and villages, extending to Abingdon, Burford, Bicester, Eynsham, Heyford, Stanton St. John, Thame, Woodstock, Witney, and others, and applications are numerous for personal visits within Oxford.

Dr. Guinness writes :—“I am happy to be able to report an increase in the number of new patients, which is 25 more than during 1883. There were 53 children vaccinated, and I think it right to state that they were all vaccinated with pure calf lymph, and not a single case of erysipelas or eruption occurred afterwards ; and if this practice were always carried out we should not have such an outcry against vaccination as, unfortunately, we have now.

“The number of deaths in the year has been 6. The attendances were 2,783, and a large number—from 400 to 500—applied for relief from surrounding towns and villages.”

The number of patients who have applied for medical relief since the Dispensary was opened, twelve years ago, amounts to over 18,800.

TORQUAY HOMEOPATHIC DISPENSARY.

Patron : The Right Hon. the Lord Haldon. *Consulting Physician* : C. H. Mackintosh, M.D. *Medical Officers* : A. Midgley Cash, Esq., M.D.; W. F. Edgelow, Esq., M.D. *Secretary and Dispenser* : Mr. J. M. Rendall.

At the Thirty-seventh Annual Meeting of the Homœopathic Dispensary Committee, held on Monday, January 5th, 1885, W. B. Fortescue, Esq., in the chair, it was resolved :—

“That the Report be adopted, printed, and circulated as usual, and published in the *Western Morning News*, *Torquay Directory*, and *Torquay Times*. ”

“That the best thanks of the committee are due to Dr. Midgley Cash and Dr. Edgelow for their services during the preceding year.”

“That this meeting begs to express to Captain Berthon their deep regret at the loss of his services as treasurer, and also their best thanks to him for the time during which he has acted as treasurer.”

“That Capt. Berthon has consented to continue to act as treasurer as long as he conveniently can, and that Capt. Coulson has kindly consented to act as treasurer on Capt. Berthon’s leaving.”

“That the recommendation tickets for the future shall be

available for three instead of six months, subject to the discretion of the medical officers."

Medical Report for 1884.

Patients remaining from 1883	121
Admitted during 1884	618
<hr/>	
	739
Cured	289
Relieved	221
No change	11
No report	97
Deaths	5
On books	116
	739

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

DR. DE NOË WALKER ON THE THIRST OF ARSENICUM.

SIR,—Thirst, that obliges the patient to drink very often, but only a small quantity each time, is certainly a constant characteristic of *Arsenicum Album*. I learnt this for the first time about thirty years ago, while staying at a farm-house, where two cats had eaten mice poisoned with *Arsenic*. Their thirst appeared to be inextinguishable, and all day and all night they did little else than lap up water, but so very little each time, that the fact made an impression on me. As soon as I had an opportunity, I referred to a volume of the *Journal de la Société Gallicane de Médecine Homœopathique*, and read as follows:—"L'absence de la soif est un effet rare de l'arsenic alternant avec celui, bien plus fréquent, d'où résulte un désir continual des boissons, qui néanmoins fait boire très-souvent, mais peu à la fois voyez symptoms 211, 361, 927." Dadea of Turin also alludes to this. The patient, he observes, is obliged to be constantly drinking, "ma," he adds,

"poco alla volta." Dr. Berridge's paper on "The Materia Medica of the Future," published in your last number, is worthy of being read over twice.

I am, your obedient servant,

ARTHUR DE NOË WALKER, M.D.

PROGRESS OF HOMŒOPATHY.

SIR,—I have a son who has been at medical study for six months, and he attends hospital, dissections, and a grinder. For some ten years we have had nothing but the homœopathic treatment in our house, so I may say he has been brought up in the light of Homœopathy. Six months' association with allopathic teachers has led him now to ridicule Homœopathy, and the chances are when he gets his licence to practise he will practise as an allopath. Of course I should have preferred otherwise, but young men will go their own road. Had this lad been trained in a homœopathic school from the first he would have taken kindly to it. This brings me to my point. If Homœopathy is to be made "to go" we must have a licensing body and a school, but your readers may say, how is this to be done?

Well, we have had Corn Leagues, Land Leagues, and leagues and associations for all kind of things, but we have not yet had any organisation that has succeeded in advancing Homœopathy to the point desired. Why? My impression is that the homœopathic laity, so to speak, have never been organised, and that doctors, as a rule, are bad organisers and leaders of a public movement. We want a Homœopathic League Committee in every principal town formed of five or six laymen and the homœopathic doctors of the town. The work of the committee should be to collect funds by the aid of collection cards and in other ways, also to keep a register book containing the names of every adherent to Homœopathy. A Member of Parliament should be nominated to fight the question in the House of Commons. By the aid of the register the adherents of Homœopathy could be readily reached to sign petitions to the Queen for a charter. I shall be quite willing to give my mite to a Homœopathic League, and to work heartily in the cause. The magnificent donation of Mr. Tate of £10,000 for a hospital in Liverpool is a step in the right direction, and will in time be likely to bring about all that is needed. I have more faith in the

"go" of the Liverpool people than the conservatism of the London people.

Yours truly,

X. Y. Z.

[Our able correspondent heads his letter "Progress of Homœopathy;" our opinion is that without having a licence-giving homœopathic school, progress in *the profession* is next to impossible. Our correspondent's son necessarily becomes an allopath when brought up in allopathic schools. Homœopathic *doctors* will never organise a League unless *each one* be made president. In our ranks we are all commanders-in-chief.—ED. H. W.]

A CRY FROM THE WILDERNESS OF OFFICIAL MEDICAL IGNORANCE.

OUR heart was saddened the other day by the following letter from a kind-hearted, clever lady, who "goes about doing good," like the great Exemplar we read of in the Old Book:—

"Now, dear Doctor, I have not a very good conscience about 'tinkering' so much with Homœopathy, and I want you, as a doctor, to tell me candidly if I am wrong in sometimes delivering a poor creature from allopathic bungling. Surely it is right and merciful to the patient, but what about the doctor? I many a time and oft take a case out of their hands, or rather keep one from falling into them, and that is what troubles me. Have I a right to do that? I do so fully believe in Homœopathy, it does work such wonders; it is such a boon to suffering humanity that I fairly delight in relieving people by it, and in days gone by I suffered many things from many physicians (allopaths), and besides all that I see daily the most awful bungling. I am sure you will be quite horrified when I tell you I treated a case of diphtheria. I feel frightened when I think of it. Two years ago I treated one, but I could not help that; it was a poor girl in the country, and the doctor simply refused to come. However, the recent one was in town. I never meant to treat him; his mother asked me to see him one day when I was dressing the sore foot of his brother. He then looked the picture of scarlatina, but the throat was very suspicious, and next day I was in no doubt of what I had. Both tonsils were covered and a patch on the windpipe, horrid smell, glands

swollen to his ears, tongue coated, eyes staring, temperature 106, pulse 120. I told the parents what I thought; they looked into his throat, shook their heads sadly, and reminded me how three months before diphtheria had carried off their younger boy, and added, "and the doctor never did anything but cauterise the throat and put on linseed poultices." After he had burned the throat for a week he pronounced the child to be cured; in twenty-four hours the little fellow was a corpse. I pitied them so intensely that I agreed to go on that day, and so on till the boy was convalescent. I suffered agonies of anxiety all the time. I gave him all through *Merc. Bin.*, alternating it with *Bell.*, *Ars.*, and *Nit. Ac.*, as they seemed indicated; once I gave *Kali B.*, and think I made a mistake. I put linseed on at first, but changed it for a water compress; for two days the tonsils overlapped, then I fomented and steamed, also I packed him to get down that raging fever; he had his medicine every half-hour some days, then every two hours; nourishment every two hours, milk, raw eggs, beef-tea, and port wine. It was three weeks to-day since he took ill; he was at the door to-day for the first time. The throat looked so very awful when the membrane came off, I gave *China* then, and now *Hepar*; the very bright redness is gone, but it does not look quite right yet. Now, I could not write to you about an acute case like that, so what was I to do—what I did, or let him be sent after the brother? When the doctor was asked what nourishment the first boy was to have, he said, "Anything he likes to take." The poor child did not like to take anything, so he absolutely got nothing. My boy's bowels were loaded, so I gave enema. Whether I am right or wrong I know Homœopathy is right, and I do thank God for it; but I do wish we had a doctor here.

"With best wishes, sincerely yours.

"_____,"

[Is this not enough to make the very stones cry out?—
ED. H. W.]

WRIGGLING AS A FINE ART.

DEAR EDITOR,—Fate has destined me to be so often in antagonism to Dr. Hughes, that it is with unqualified delight that I find myself able for once to agree with him. In his letter published in the *H. W.* for February he declares that

I have never encouraged him to believe that he possessed my confidence. Without wishing in the slightest degree to detract from any reputation he may formerly have acquired in the ranks of avowed allopaths, or from the proud position which he now holds as a leader of the eclectics, so ably generalised by Ringer, Kidd, and himself; yet it is perfectly true that I cannot give him my confidence as a teacher of Homœopathy "according to the method of HAHNEMANN," seeing that in all his writings I have hitherto been able to discover only "the method of Hughes."

Nevertheless, I must take this opportunity of publicly thanking Dr. Hughes for the amusement, if not instruction, which his writings have invariably given me. So ingenious is he in extricating himself from a dilemma, or as some blunt-spoken persons would term it, "wriggling out of a difficulty," and so skilful is he in the use of phraseology more or less capable, when occasion requires, of a twofold interpretation, that I know of but one man in the present day by whom he is superseded—namely, the distinguished politician whose peculiar gifts in this direction are so amusingly dissected in "Letters to my son Herbert." Without presuming to attempt to rival that clever pamphlet, I purpose to analyse Dr. Hughes's statements.

Wriggle I.—The reviewer's words were that "the supposed characteristic" had been "demonstrated to be unfounded either in pathogenesis or in practice." Most people would understand this to mean that the symptom was unreliable; but Dr. Hughes now avers that he only meant that it was unfounded as a characteristic. Of course, while regretting that he did not write more intelligibly, we must accept his interpretation of his own words; but whether he has in any way advantaged himself remains to be seen. He says that the reference was "evidently" to a paper he published in the *M. H. R.* for August, 1878. He may have had that paper in his mind, but seeing that over six years have elapsed, I maintain that there is no "evident" reference to it at all. He should be more explicit if he desires to avoid being misunderstood. But even with this side-light thrown upon the matter, has he proved his point? I think not. He now admits the accuracy of the symptom, but denies that it is characteristic, because he claims to have found under *Arsenic* a somewhat opposite symptom. Without denying the possibility of *Arsenic* producing the symptom "drinking much and often," as well as "drinking little and often," I maintain

that Allen's *Encyclopædia* does not show it, for out of twenty-six symptoms of "Thirst," there is not one which states that the prover drank much at a time, this detail being altogether ignored in the majority of the records. Even the symptom on which Dr. Hughes so much relies for his argument, "Thirst so violent that he drank eleven jugs of water in half a day," is no proof positive. Much would depend upon the size of the jugs, and sips of water every few minutes would enable a person to empty a good many jugs in the course of twelve hours. But even interpreting this symptom as Dr. Hughes seems to do, it is but one symptom, whereas there are three (one "not found") of the opposite kind. The matter lies in a nutshell. HAHNEMANN declares that the symptom of constant drinking, but only a little at a time, is "much more frequent" than the symptom "drinking much and often;" its value as a characteristic is vouched for by Hering, Bœninghausen, Lippe, Wells, Dunham, and indeed almost every homœopathic physician of experience; on the other hand we find, in an apparent minority of ONE—Dr. Richard Hughes! When the latter is prepared to produce a series of cases where this symptom proved valueless as a characteristic, it will be time for him to impugn the authority of the Master and his veterans.

Wriggle II.—Dr. Hughes admits my accuracy as to symptom 199 in the *Encyclopædia* not being "not found," but endeavours to shift the blame on to Dr. Allen's shoulders. If Dr. Allen is guilty of the venial error of mistaking one written numeral for another, Dr. Hughes is guilty of the greater sin of not revising and correcting his notes when printed. *Qui s'excuse s'accuse.*

Wriggle III.—Dr. Hughes here tries his best to minimise the force of his previous assertion that *Arsenic* has "no hepatic action." And here comes in a little comedy. He accuses me of having first made this charge in the *Lancet*. The authorship of this letter has been fastened on me by several physicians, though without any proof. Indeed one of the youngest members of "Physicians practising Homœopathy," whom I knew as a schoolboy in jackets when I was in practice, wrote me a long letter on the subject, reprobating me in a most fatherly manner for the heinousness of my supposed offence. Would Dr. Hughes be surprised to hear that this letter was sent to the editor of the *Lancet* by a rising young allopathic physician, who has read enough of our literature to know the difference between true and delu-

sive Homœopathy, for the adherents of which latter departure he has a most profound contempt? Dr. Hughes asserts that he "did not care to follow up the controversy" in the *Lancet*. If my memory serves me, my friend showed me a reply (I could not call it an answer) from Dr. Hughes in a subsequent number of the *Lancet*, to which I believe a rejoinder was sent, after which the discussion was editorially closed. Be this as it may, the first time that *I* charged Dr. Hughes with this blunder was not in the *Lancet*, as he has the temerity to assert, but in an editorial in *The Organon*, 1879, pp. 482—4. In this article I entered very fully into the matter, demonstrating both from provings and published clinical experience that *Arsenic* has undoubtedly a marked hepatic action. To this article Dr. Hughes made no reply, though we exchanged journals, as is usual between editors. I again refer him to that article, and challenge him to refute my statements if he can. In the meantime, his present assertion that by "no hepatic action" he only meant it had not "such elective hepatic action" as would make it a "remedy of value" in "primary disorders of the liver," is as perfect a specimen of "wriggling" as I have met with for a long time. For his own reputation, as well as for our instruction, it is to be hoped that for the future he will tell us exactly what he does mean, in such language as may be "understood of the people."

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

CASE OF VACCINOSIS CURED BY THUJA 1.

DEAR SIR,— . . . "A woman suffering from eczema from the time of vaccination, upwards of thirty years ago, has been rapidly cured by *Thuja* 1." . . . "This case seems to verify your statements re vaccinosis and *Thuja*."

Yours sincerely,

December 27th, 1884.

J. M.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr.

J. C. BURNETT, 5, Holles Street,
Cavendish Square, W.

All advertisements and business communications to be sent

to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

BOOKS AND JOURNALS RECEIVED.

The Homœopathic Physician, No. 1, Vol. V.

New England Medical Gazette, No. 1, Vol. XX.

The Zoophilist, Feb. 2, 1885.

Dietetic Reformer, No. 158.

The Homœopathic Treatment of Epidemic Cholera. By B. F. Joslin, M.D., LL.D. With Note by P. P. Wells, M.D.

The Medical Advocate, January.

Homœopathische Monatsblätter, No. 2.

Allgemeine Homœopathische Zeitung, Bd. 110, Nos. 3, 4.

Medical Counselor, Dec. 15, 1884.

Hahnemannian Monthly, No. 1, Vol. VII.

American Homœopath, No. 1, Vol. XII.

United States Medical Investigator, Dec. 27.

The Debater, Jan. 5.

The Medical Visitor, No. 1, Vol. I. (A new venture by T. S. Hoyne, M.D.)

Monthly Homœopathic Review, Feb. 2.

Revista Homeopática Catalana, Tomo II., No. 12.

Dublin Journal of Medical Science, January.

British and Colonial Drug-gist, January.

The Guide, No. 26.

The Indian Homœopathic Review, January, 1885.

CORRESPONDENTS.

Communications received from Dr. John H. Clarke, London ; Mr. G. A. Cross, London Homœopathic Hospital ; Dr. Roth, London ; Dr. Dudgeon, London ; Dr. de Noé Walker, London ; Dr. Berridge, London ; Dr. Ussher, London ; Dr. Guinness, Oxford ; Dr. Croucher, J.P., St. Leonards-on-Sea ; Dr. Purdom, Croydon.

The Homœopathic World.

CONTENTS OF FEBRUARY NUMBER. LEADING AND GENERAL ARTICLES :—

That Ghoma.

Case of Obstinate Constipation Cured by Natrum Muriaticum and Magnesia Muriatica.

Recent Pathology, in its Bearings on Scientific Therapeutics; involving the Question—Can Homœopathic Treatment with Infinitesimal Doses Cut Short Infectious Diseases dependent on Living Germs?

A New Remedy for Diabetes—Sizygium. Poisoning by Nitric Acid.

The Materia Medica of the Future. Belladonna and Yellow Loam in a Case of "Red Eczema."

Christmas Tree at the Homœopathic Hospital.

A Lecture on Aceticum Acidum.

Sectarians and Sentimentalists.

Psychosis and Carcinoma.

LITERATURE :—

The Path to Health is the Footpath. The Story of a Great Delusion in a Series of Matter-of-Fact Chapters.

Iodide of Arsenic in Heart Disease.

REPORTS OF INSTITUTIONS :—

Eastbourne Homœopathic Dispensary. Dramatic Performance on Behalf of the London Homœopathic Hospital.

OBITUARY :—

Adrian Stokes, M.D.

Dr. Constantine Lippe.

CORRESPONDENCE :—

Letter from Professor Lilenthal.

Letter from Dr. Hughes.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE
HOMŒOPATHIC WORLD.

APRIL 1, 1885.

DR. BURNETT'S FAREWELL.

THE time during which I had agreed to edit the *Homœopathic World* expired some months since, and I then sought release from my duties because the practice of my profession now occupies all my time. A short period has necessarily elapsed while arrangements were being made to secure a competent successor, and now I am able to announce that Dr. John H. Clarke has taken my place as Editor of this journal.

My successor is so well known that merely naming him would be sufficient, but I should like to state as my own individual opinion that Dr. Clarke is eminently fitted for editorial work; and he moreover brings experience with him, having been one of the editors of the *British Journal of Homœopathy*.

The fact that Dr. Clarke is one of the physicians of the London Homœopathic Hospital, and Lecturer on *Materia Medica* at the School, shows he possesses the confidence of the homœopathic branch of the profession, and I commend him very heartily to the readers of the *Homœopathic World* as my successor.

In bidding farewell to you I wish to thank all who have at any time helped me in my editorial work, and I ask the forgiveness of any whom I may have at any time wittingly or unwittingly offended.

If any of my friends are grateful to me for having tried to do my duty, I ask them to reward me by continuing to support the *Homœopathic World* under its new editor, Dr. Clarke.

As I still hope often to write in its pages, my farewell is only an *adieu sans adieu*.

J. COMPTON BURNETT.

London, April 1, 1885.

BELLADONNA IN THE DELIRIUM OF ACUTE TUBERCULOSIS.

By T. G. VAWDREY, L.R.C.P. (Lond.).

THE case which I am about to describe affords a striking illustration of the value of *Belladonna* when administered in accordance with the guiding principle of Homœopathy.

The patient, a young man aged twenty-five, was suffering from acute tuberculosis. When I first saw him he was spitting blood to the extent of from ten to twenty ounces in the twenty-four hours; the *pupils were dilated*; the respiration was accelerated; the pulse was proportionately increased, and the temperature indicated the extent and gravity of the pulmonary disease. He was lying in bed, but nothing but the most watchful care on the part of his attendants could restrain him in that situation; for so profound was the nervous disturbance, so intense was the *delirium*, that on being left alone on one occasion for a few minutes he got out of bed, went downstairs, and would have left the house had he not been intercepted. This delirium was the most marked feature of the case, which otherwise presented nothing remarkable from a purely medical point of view. For four days and nights, according to reports furnished by the attendants, he never slept. His mind was in a state of ceaseless activity; he would ramble incoherently for hours together, his thoughts generally taking their shape from his past surroundings as an ostler. Sometimes he would sit up in bed and attempt to put an imaginary bit in the mouth and collar on the neck of one of his attendants.

For the haemoptysis I administered tincture of *Hamamelis* in five-minim doses every four hours, directing him at the same time to suck at intervals small pieces of ice. Under this treatment the spitting of blood was quickly subdued, and in three days had almost entirely ceased. The delirium, of course, remained unaffected by the remedies directed towards

the haemoptysis. For this symptom (the delirium) I at first administered *Bromide of Potassium* in ten-grain doses. This had not the slightest effect. Next, I added five minims of tincture of *Opium* to each dose of the *Bromide of Potassium*, but this combination likewise failed to exert the smallest influence upon the delirium. These drugs, selected on allopathic principles, having utterly failed to make any impression upon the symptom towards which they were directed, it occurred to me that perhaps Homœopathy might succeed where Allopathy had failed. Having once watched for some hours a case of fatal poisoning by atropine, the peculiar character of the delirium produced by that drug left an impression on the memory which was forcibly revived by that which occurred in the case which has been described. The dilated pupil, also, in the latter case corroborated the indication furnished by the mental symptoms. Having tried *Bromide of Potassium*, and then *Bromide of Potassium* with *Opium*, for four days, without any appreciable result, I discontinued the *Opium* and gave a mixture containing ten minims of tincture of *Belladonna* and ten grains of *Bromide of Potassium* in each dose. The result fully justified the selection which had been made. By the end of twelve hours the symptoms showed a marked improvement: in twenty-four hours the delirium abated to such an extent that he fell asleep, to the surprise and gratification of his attendants. Nor was the improvement a mere coincidence, for the effect produced varied with the frequency with which the medicine was administered. At first the medicine was given every four hours, but subsequently the dose was repeated every two hours; and from that time onward so long as he continued to take the medicine the delirium was manifestly controlled by its administration. Though *Belladonna* was not given singly, as it should have been under strict homœopathic regulations, yet the result obtained can in no way be ascribed to the *Bromide of Potassium* administered at the same time. The latter had been previously tried alone and had failed, so the success obtained must be attributed to *Belladonna*, and to *Belladonna* alone. The subsequent course of the case presents no features of therapeutic interest.

Handsworth, near Birmingham,
March, 1885.

LONG RETENTION OF FOREIGN BODY IN THE NARES.

By J. MURRAY MOORE, M.D., M.R.C.S.

YOUNG children will do extraordinary things to themselves sometimes. Often when some slight irritation of the mucous outlets of the body occurs they get hold of corks, stones, seeds, pins, needles, anything almost, and poke them into the nostrils, the ears, the anus, etc., in a way that is exasperating and terrifying to those who have the charge of them. A curious case happened in my practice lately. Two years since, in December, 1882, a little girl, Eva B., in New Plymouth, was playing with the burr or spiny seed-pod of the "cockle-grass" which grows abundantly in the neighbourhood of that town. She pushed it into the right nostril so far that, though Mrs. B. cut a portion of it out with a pair of scissors, yet the larger half remained behind. Bleeding followed, and soon ulceration. The principal local medical men were summoned, and made the most careful explorations of the nostrils with all the instruments at their disposal, the patient, then barely two years of age, being kept under chloroform, but no foreign body could be felt or perceived. For two years the ulceration ran on, until at the end of 1884 the practitioners declared that the nasal bones had become diseased, and they positively assured the parents that there could be no extraneous substance still lodged there. Hearing of a case of cure of paralysis which I had effected upon a neighbour, Mrs. B. brought the child up to me to Auckland, December 29th, 1884.

I found both nostrils extremely inflamed, ulcerated high up, and much foetid discharge and blood issuing, while the general health had not suffered nearly so much as it would have done had there existed true osteitis. Though I could not feel any foreign body, yet I felt quite sure, after a careful hearing of the mother's story, that there was some of this "cockle burr" left there. I prescribed *Bell.* and *Kali Bich.* alternately, and ordered syringing with warm water slightly medicated with *Calendula* to be injected up the right nostril in a diagonal direction towards the left. On the morning of January 3rd, 1885, a small lump was driven by the stream of the syringe into the throat, and expectorated by the child. It was found to be a bit of a burr, spiny all round, and unevenly flat on the top and bottom, thus exactly confirming Mrs. B.'s prognostication and my own opinion. For two whole

years this little girl had suffered tortures from this troublesome inmate of her nose, now she was free and happy. Eva B. left off visiting my consulting rooms on the 14th January, 1885, and went home perfectly well, except for the softened state of the mucous membrane of the nares.

Doubtless the *Kali Bich.* had a good effect in so stimulating to a healthy action the ulcerated nasal lining, for which tissue it has a marked affinity, as to enable it to throw off the "*fons et origo mali*" easily when the stream of water was applied by my advice in a new method. The case attracted much attention from its singularity in both Auckland and New Plymouth.

Symonds Street, Auckland, New Zealand,
January 22nd, 1885.

THE NEW ANÆSTHETIC.

COCAINE AS A LOCAL ANÆSTHETIC OF THE GENITAL MUCOUS MEMBRANE.

By Dr. ERNEST FRANKEL.¹

COCAINÉ and its preparations, especially its active alkaloid Cocaine; and its salts, the muriate and acetate of Cocaine, were discovered by Niemann in 1859. Its physiological and therapeutic peculiarities have been known for a long time, both experimentally and clinically. Although Schroff demonstrated in 1862 that the local application of Cocaine to the mucous membrane of the tongue produced anaesthesia, it was reserved for the present period, to bring forward the local anaesthetic action of this drug into the domain of medicine.

Koller² deserves the credit of first recommending and using Cocaine to produce local anaesthesia of the eyes through experiments on animals and clinical observation. With two and five per cent. watery solutions of Muriate of Cocaine, he obtained complete anaesthesia of the conjunctiva and cornea, the latter in its entire substance, and recommended Cocaine as a practical narcotic in painful diseases of the eye and in the various operations on the eye.

Jelinek³ pointed out the use of Cocaine as an anaesthetic

¹ See Centralblatt fur Gynakologie, No. 49, 1884.

² Verhandl. de Versamml. dtsch. Augenärzte in Heidelberg am 15 n. 16 Sept. d. J. und Wien. med. Wehschr. 1884, No. 43 u. 44.

³ Wien. med. Wehschr. 1884, No. 45 u. 46.

for the pharynx and larynx. By painting with a moderately strong alcoholic solution (ten and twenty per cent.) of Cocaine, anaesthesia of the larynx was produced without any bad after effects. Although not always absolute and continuous, it was enough to perform an endo-laryngeal operation quietly and with safety. The reflex movements of the throat, even in chloroform narcosis, as well as the persistent reflex closure of the vocal cords, which are so troublesome in laryngo and rhinoscopic examinations and especially in endo-laryngeal operations, are controlled by the local application of Cocaine. It will also mitigate the suffering, though transitory, in very painful affections of the mouth and pharynx.

After these discoveries it seemed desirable to ascertain its use in gynaecology, and before the publication of Jelinek's article I had already begun experiments in this direction.

It was clear to me from the beginning that the local anaesthetic action of the Cocaine would only be useful in those affections which arose in the mucous membrane of the genital canal and which could be removed during the relatively short and transitory action of the Cocaine; a plastic operation on the perineum for example, or a fistula operation, could be performed almost painlessly by this means. There are many cases in gynaecology where all that is necessary is a few snips of the scissors, a stroke of the scalpel, a rapid cauterisation with the nitrate of silver or hot iron, but where the patient shrieks from any pain, although transitory, and we are obliged to use chloroform on account of the insufficiency of all known drugs to produce local anaesthesia. Although it may be trivial, there is always connected with it the appearance of an "operation," a word which frightens many a timid woman.

It would not be in vain, therefore, to ascertain whether (which indeed could scarcely be doubted *a priori*) Cocaine, which paralysed the sensitive nerve terminations in the mucous membrane of the tongue, mouth, pharynx, eye, as well as the cornea, could be applied to those of the vulva, vagina, and uterus in a similar manner, and further, whether the reflex irritability of the mucosa of the female genitals could be controlled, as in the experiments of Jelinek on the pharynx and larynx. I used first, as Koller on the eye, two to five per cent. watery solutions of Merck's Muriate of Cocaine without any special effect. I was never able to obtain complete anaesthesia—at most, a trifling decrease of sensitiveness by thoroughly and repeatedly painting the

mucous membrane of the vulva, vagina, and vaginal portion, and by introducing within the vestibulum vaginal for five, ten, fifteen minutes, cotton tampons dipped in a five per cent. solution. The reason is obvious, as the resorbing power of the vaginal and vulvar mucosa is considerably less than that of the eye, and also the mouth and pharynx, on account of the layers of pavement epithelium. It was therefore necessary to use more concentrated solutions of Cocaine for my purpose, and I then tried, as Jelinek (l. c.), first a ten per cent. and then a twenty per cent. alcoholic solution.

Cocaine mur.	1·0
Aq. dest.	3·0
Spir. vin. reclin.	2·0

Without the addition of acid and not filtrated. If kept for a long time it becomes somewhat cloudy and also less active on account of the evaporation of a portion of the alcohol and loss of Cocaine, but the addition of a few drops of alcohol will restore it to its former condition.

After carefully cleansing and drying the mucous membrane this solution was thoroughly painted over it at intervals of one and a half, two, and three minutes, and this repeated three or four times according to the individual sensitiveness. For the cavity of the uterus, after washing it out through a uterine catheter with lukewarm water and drying it with cotton wound over a Playfair's probe, I used a similar probe dipped in a solution of Cocaine, and passed within the uterine cavity.

In ascertaining the sensibility to pain, I selected the most sensitive woman, whose reaction to impressions of pain I had previously tested by superficial and deeper punctures, by cauterising small portions of mucous membrane with a fine sharp-pointed stick of lunar caustic, and by a small pointed red-hot iron, especially the very sensitive region of the external orifice of the urethra, the lower portion of the urethra, the anterior commissure between the urethra and clitoris, as well as the posterior commissure near the fourchette.

In all cases tested in this manner and then repeatedly painted with a twenty per cent. solution of Cocaine, the effect was instantaneous, although not always equally strong and lasting the same length of time.

(1) *The sensibility to pain is markedly diminished. There is no pain produced in the superficial layers of the mucous*

membrane; in the deeper it was felt somewhat less than before. I could stick the point of a fine needle in at the places mentioned till a drop of blood came without any noteworthy expression of pain, while before the application of the Cocaine, even touching them superficially with the point of the needle caused much complaint and twitching. Neither was the touching of the mucous membrane with the lunar caustic, either at the time, or in the ten or fifteen minutes following, spoken of as particularly painful. Touching the mucous membrane with the red-hot iron was accompanied with a feeling of warmth. In the deep puncture of the cervix (after Spiequelberg), the first two pricks were loudly complained of by a very sensitive patient, but after painting twice and pressing on the eroded portio-vaginalis for the next five minutes, a small cotton tampon dipped in a twenty per cent. solution of Cocaine, it was borne without pain. With the same patient, after ascertaining that the curette caused severe pain, I allowed a piece of cotton dipped in the Cocaine solution to remain in the cavity of the uterus for fifteen minutes. The thorough application of the curette following this, she termed as less painful and bore it better than before. In another very nervous and sensitive patient with posterior fixation of the uterine column by posterior chronic parametritis, any attempt to bring the vaginal portion forward was exceedingly painful, as well as the strong pressure of the posterior margin of a Fergusson's speculum in the posterior cul-de-sac. After painting and applying a Cocaine tampon for ten minutes to the eroded and readily resorbing vaginal portion, I was able to lift the cervix far forward and press the speculum deep in the cul-de-sac three times in succession without causing the patient any pain, much to my surprise. This appeared the more remarkable to me as there was here not only anaesthesia of the superficial portions of the mucous membrane about the os uteri, but also, what I had not observed before, of the deeper tissues, as the pressure of the speculum was exercised on the posterior vaginal cul-de-sac and the parametritic infiltration above it, but in no way on the erosion.

(2) *Cocaine has also an anæsthetic action on the inflamed mucous membrane.* In two cases of acute gonorrhœal vulvitis and vaginitis the tests described above were shown with very marked results. The ischæmic action of the drug was here distinctly noticed in the bleaching of the deep red vulvar and urethral mucous membrane.

(3) *The reflex irritability of the vaginal orifice is diminished.* In a case of a young woman married six weeks, in which I found the mucous membrane of the introitus very much swollen, hyperæmic, injured and so sensitive that an attempt to introduce the finger caused severe reflex contraction, painting three times with a twenty per cent. solution of Cocaine at intervals of two minutes enabled me to introduce the index finger into the vagina repeatedly without pain. It is very probable that cases of rectal spasm from anal fissure present a similar condition, where it has formerly been necessary to use chloroform for the purpose of cutting the fissure. Repeated painting of the ulcer and its neighbourhood with Cocaine would allow the rectal speculum to be introduced and the sphincter stretched without further anaesthesia.

The following indications may be deduced, therefore, for the local application of Cocaine to the genital mucous membrane:—

1. For anaesthetic purposes.

(a) In cauterising the vulvar and vaginal mucous membrane, as in acute or sub-acute gonorrhœal vulvitis and vaginitis, in using nitrate of silver in substance or painting with concentrated solutions of sublimate.

(b) For the removal of small and superficial growths on the mucous membrane of the vulva, as pointed condylomata or caruncles of the urethra as well as cauterising their basis, in the former with the pencil, in the latter with the hot iron, which would be very painful without Cocaine but necessary to prevent recurrence.

(c) In very sensitive individuals to deplete or cauterise the cervix, possibly in curetting the uterine cavity as well.

2. To diminish reflex irritation.

(a) In temporary vaginismus before examination or the introduction of vaginal dilators. The patient may also be recommended to paint it over the parts immediately before cohabitation.

(b) In rectal spasm from fissure of the anus, for the purpose of operating without narcosis. It might be used also as an anaesthetic by painting it on before each defecation.

Whether Cocaine will come into use as a local anaesthetic in midwifery—*i.e.*, during dilatation of the cervix and crowning of the head, appears very questionable to me; as here, the stitching and dragging involve the deeper tissues on which anaesthesia is not developed. The high price of

the drug at the present time also tends to prevent its coming into general use.—G. R. SOUTHWICK in *United States Medical Investigator.*

HYDROCHLORATE OF COCAINE IN AURAL AND OTHER CASES.

By H. C. BOENNING, M.D., Philadelphia, Pa.

ON November 3rd, 1884, I was requested to call on Dr. L. R. K. and remove a piece of cinder that had been imbedded in the cornea. I found on examination that the cinder was firmly fixed in the cornea and surrounded by an area of discoloration. Efforts at extraction provoked intense suffering, and I determined to use Cocaine to test its anæsthetic virtues. I obtained a weak solution from Dr. L. W. Fox, and dropped four drops every three minutes into the eye, using sixteen drops. In a few minutes the pupil dilated and the cornea was insensible. I removed the foreign body without causing the slightest pain. The cornea continued anæsthetised for nearly two days; the pupil remained dilated for a day longer, but gradually returned to the normal. Accommodation was not interfered with to any extent, J. No. 1 being read with the aid of the patient's ordinary glasses at ten inches. A curious symptom observed was a marked dryness of the throat and mouth, which passed off in the course of the day.

Since then I have used the Cocaine in other eye cases. In a case of ulceration of the cornea accompanied with severe pain, the instillation of the Cocaine was followed by a marked relief of all pain and a diminution of the attendant conjunctival injection. The photophobia present was not influenced by the Cocaine. Severe suffering was produced by exposure to light; but the constant pain attendant on the ulcer was relieved. The next day I tapped the anterior chamber, and the patient is now well.

About the middle of last month a child was brought to my office for ear-trouble. The history revealed an attack of scarlet fever two years ago, followed by deafness and a discharge from the meatus. An examination proved marked loss of hearing, but I could not determine anything more,

the slightest contact with the ear producing pain and exciting the girl so much that the mother interfered. I ascertained that discharges of blood occurred from time to time, and that at first, when the child held her nose and mouth and expired, a hissing noise in the ear could be heard. I obtained the child's consent to an examination if it could be done painlessly, and forthwith used a strong solution of Cocaine (eight per cent. solution), dropping about thirty drops of this into the ear in the course of half an hour, although much of the fluid overflowed the meatus. Ten minutes after the last drops were used I opened the meatus with a small bivalve ear-speculum and found it contracted by a growth—which partly filled the canal—of a pale-reddish colour, bleeding slightly upon touch. The child (Mabel C. L.) felt the manipulation, but no pain was produced. Forceful expiration produced a hissing sound, and my diagnosis—vascular polypus with perforation of the membrana tympani and chronic catarrh—was confirmed. The next day the patient appeared for operation, and after using the Cocaine again (although the parts were still numb) I removed the growth and washed out the ear, no pain of any consequence being caused. The case is progressing excellently, and I hope soon to close the perforation, which is near the lower portion of the membrane, being a circular hole with thickened edges.

My own child—a boy twenty-six months old—a week ago developed a small follicular abscess of the meatus auditorius, accompanied by pain, feverishness, and wakefulness. I used the Cocaine in his case twice in twenty-four hours with much relief. The next day I opened the abscess, which, of course, permanently relieved him.

November 5th, Mr. Barcus, a student of medicine, kindly permitted me to drop some Cocaine solution into his ear, the result being similar to the above cases. The canal was benumbed. A probe and speculum, which in the other ear caused pain when twisted or moved from side to side, was felt in the anaesthetised ear, but no pain was caused.

I would note, in no case were any unpleasant symptoms produced except in that of Dr. K., where dryness of throat was marked. This may, of course, have been a mere coincidence. In ear cases the solution should be much stronger than in eye cases, otherwise the effect will be neither so prompt nor so satisfactory.—*Phila. Med. Times.*

THE HYDROCHLORATE OF COCAINE.

By C. H. VILAS, M.D.

THE oculist, if one can be found, who has not written on the new eye-anæsthetic must be a very eccentric and lonesome man. Our literature has been crowded with reports and the remedy has been extolled regardless of its merits. To one who really has used it, many of these so-called experiences smack of the closet rather than the bedside. In response to some inquiries from members of this society, I shall endeavour to give the result of such experience as my hospital and private practice has afforded me, free from pre-conceived or unwarranted ideas or prejudices. Necessarily the first person is used; you will pardon its frequency as unavoidable.

I think we may dispense with carefully copied encyclopaedia articles as to the origin and preparation of the drug, and proceed to its effects.¹ I have in all cases used a two per cent. solution of what I believe to be Merck's preparation of Cocaine hydrochlorate.

When I first obtained a supply of the drug, necessarily small, owing to the sudden exhaustion of the stock on hand by the immediate demand, I applied it first on some acquaintances privately and then on members of my class at the Hahnemann Medical College of this city. Those who submitted to its use kindly wrote out their experiences and gave them to me. They corresponded so closely to those given in Dr. Koller's paper, that I omit them here.

I have used it successfully in iridectomy for glaucoma, and in iridectomy for artificial pupil, in the extraction of hard and the needling of soft cataract; for slitting up the canaliculus and probing the duct; for strabismus, for pterygium, and in short, for all the usual eye operations except enucleation. Foreign bodies in the cornea, very painful affairs, should not be omitted.

I believe I have tried it in all the ways I have seen suggested. My usual plan, after a little experience at first, has been to instil a drop or two in the conjunctival sac, and after a minute or two touch the conjunctiva, and as soon as all sensibility has vanished proceed to operate. Some persons

¹ Should any desire to examine the origin, pharmacology, etc., fully, for the best article recourse should be had to the *Pharmazeutische Rundschau*, New York, December, 1884, p. 260. Dr. E. R. Squibbs has an entertaining article on "Cocaine" in his *Ephemeris* of November, 1884, p. 685.

are very susceptible to its effects, and the eye is at once ready for operation. Others come under its effects very slowly, and some scarcely at all without oft-repeated applications. Where the second statement was the case, after waiting from five to ten minutes with no satisfactory result, I have put in a drop or two more, and if unsuccessful then added still more after a like interval. In case of probing, by catching the right moment, a little has generally sufficed.

Some twenty minutes after instillation dilatation of the pupil begins, but never progresses to the maximum degree. I have always operated in the early afternoon, and the mydriasis has passed away during the succeeding evening, or night at the farthest, after I have gone away, so that I have been unable to note its exact duration. This dilatation may be readily overcome by instilling a drop of eserine, and will not appear again, even though more Cocaine be used afterwards. A slight paresis of the accommodation has been apparent in some cases. A staring appearance of the eye has been very noticeable a few minutes after instillation; its cause is explained in Dr. Koller's paper farther on.

In one or two cases I have seen rather distressing symptoms ensue, but have had no eventual bad result. The patient has become exceedingly anxious in expression, has complained of "a sinking sensation at the pit of the stomach," with fluttering in the praecordial region. Beads of cold sweat have stood on the face, and great restlessness has ensued. It has been difficult, however, to dissociate these symptoms from other causes, though I believe them attributable to the drug. Further experience is necessary to confirm them. I have since noticed that other experimenters have noted these symptoms. The temporary anaemia produced by the drug is of great value in operating, as it renders the operation bloodless, or nearly so, when done on the conjunctiva. The value of this alone in strabismus operations will be evident to all operators.

In extracting foreign bodies from the cornea, and other external portions of the eyeball, its value can hardly be overstated. When the tissue is fully under its influence, deep indentations can be made on the cornea, spuds and finger readily used, and any foreign body removed. Thus these painful little operations, often not to be done without chloroform heretofore, become a matter of a few moments' painless procedure.

To an operator who is easily sickened by the usual anæ-

thetics, chloroform and ether, it is indeed a boon. The nervous headaches from breathing these odours have cost many operators a restless night and much discomfort; neither has a resort to bichloride of methylene, or a mixture of them, removed these objections.

In operating for hard cataract the corneal incision has been entirely painless. But in seizing hold of the iris a spasmody movement of the ball has been incited of a violent nature. The escape of the aqueous humour even has seemingly provoked this. It was so entirely unexpected in my first experience that, although I was intensely watchful, I narrowly escaped tearing out a portion of the iris. At that time I had not seen Dr. Koller's paper, but since then have noticed that he mentions this peculiarity. Yet, in operating for glaucoma, and in one case where the iris seemed in an approximately healthy condition, there was no such movement.

To the patient who has undergone the often necessary retching, vomiting, and even purging, and sometimes suppression of urine, resulting from general anæsthesia, the instillation of a few drops on the eye, and the performance of the operation with no physical pain, and entire freedom from the mental distress consequent on loss of consciousness and fear of resultant death, the remedy seems like a gift from a divine power, and calls forth most enthusiastic praise. Were this alone the result of the discovery, the patient's expressions would serve as a full compensating reward for the discoverer.

In enucleation I have not found it sufficient, but take note that other oculists have. Further experience with a stronger solution may render it entirely sufficient for this purpose. But the difficulty of getting even enough for what has already been done has warned against the slightest waste or unnecessary use. Provided it have no injurious effect on the general system, a fifteen per cent. solution might be all-sufficient. But as Cocaine dissolves only up to 5 per cent. without the addition of an acid, and as the addition of an acid causes intense burning, I am fearful it cannot be advantageously used. I shall know of this soon, however, as I shall try it. In a few cases I have been unable to use it because the patient was too nervous to permit of an operation, even when painless, because he could see it. This, however, it should be noted, was not the fault of the drug, and only happened in that middle age of youth when the patient had outgrown

the trustfulness of infancy and not reached the sense of adolescence. While I have not yet met with such a case, I could readily understand that a very nervous person could not tolerate the witnessing of an enucleation of the fellow eye.

That a large field of usefulness is open for its use as a mitigator or allayer of pain in eye diseases is apparent. In such diseases as phlyctænular keratitis, where photophobia is so painful, and diseases of that class, and in ulcers of the cornea, its use must tend to comfort. I have not used it sufficiently yet to have an experienced opinion in such cases, but it seems indicated. *En passant*, a furunculous rash of the external auditory canal must yield some of its pain at least, I think, to an oleate of the same substance. Being a dermoid rather than a mucous surface, I am not certain of the efficacy of Cocaine, however.

Contrary to my original intention, I shall not give a detail of cases, because they would add nothing to the paper, and only encumber the valuable space of our organ, the *Clinique*.

I cannot do better than conclude by quoting quite extensively from an original paper of Dr. Carl Koller, of Vienna, the discoverer of the effects of Cocaine on the eye and appendages :—

"A few drops of a watery solution of Muriate of Cocaine dropped on the cornea of a guinea-pig, rabbit, or dog, or instilled into the conjunctival sac in the ordinary way, causes for a short time winking of the eyelids, evidently in consequence of a slight irritation. After one-half to one minute the animal again opens its eyes, which gradually assume a staring look. If now the cornea is touched with a pin-head (in which experiment we have carefully to avoid touching the eyelashes), the lids are not closed by reflex, the eyeball does not move, the head is not drawn back as usual, the animal remains perfectly quiet, and on application of stronger irritation we can convince ourselves of the complete anaesthesia of the cornea and conjunctiva. In this way I have scratched and transfixed the corneæ of my animals of experimentation with needles, and have excited them with electric currents so strong as to cause pain in my fingers and become quite intolerable in the tongue. I have cauterised the cornea with the nitrate-of-silver stick until it became milky-white. During all this the animals did not move. The last experiment convinced me that the anaesthesia involved the whole thickness of the cornea, and did not affect

the surface only. But if I incised the cornea, the animals manifested intense pain when the aqueous humour escaped and the iris prolapsed. I have been unable, hitherto, to decide by experiments on animals whether or not the iris could be anaesthetised by dropping the solution into the corneal wound, or by prolonged instillation into the conjunctival sac; for experiments to test the sensibility of non-narcotised animals are very complicated and difficult, and do not yield unambiguous results. The last question which I subjected to experimentation in animals, viz., whether or not the inflamed cornea could be anaesthetised by Cocaine, was answered in the affirmative. The cornea in which I had incited a foreign body, keratitis, became as insensible as a healthy one.

"Complete anaesthesia of the cornea from the use of a two-per cent. solution lasts ten minutes on an average. After such successful experiments on animals, I did not hesitate to apply Cocaine also to the human eye, trying it first on myself and some of my friends, then on a great number of other persons, obtaining unexceptionally the result of a perfect anaesthesia of the cornea and conjunctiva. The course of the phenomena is as follows: If some drops of a two per cent. solution are instilled into the conjunctival sac, or better still, let run over the cornea, first a slight burning (accompanied by some lachrymation) is felt, which in one-half to one minute disappears, being followed by a dull sensation of dryness. The eye, like that of animals mentioned above, assumes a staring look, owing to a considerable dilatation of the palpebral fissure, a phenomenon to the explanation of which I shall return later on. If now the cornea is touched with the head of a pin no sensation of pain or of contact is experienced, and all reflexes are absent. The same holds of the conjunctiva, in which the sensation of temperature is likewise abolished. The scleral conjunctiva can be grasped with a pair of toothed forceps, or a dimple can be made into the cornea by pressure without any unpleasant sensation or the least reflex on the part of the person thus treated; the only thing he perceives is an indistinctness of objects, owing, of course, to the change in the curvature of the cornea. This complete anaesthesia lasts from seven to ten minutes, then passes through a longer state of reduced sensibility into the normal condition. About fifteen to twenty minutes after the instillation the pupil begins to dilate. The dilatation reaches its highest degree within the first hour, decreases consider-

ably in the second hour, and disappears without a trace in a few hours more. The pupil is never *ad maximum* dilated, responds promptly to light and convergence during the whole time, and for that reason the sensation of dazzling, connected with atropine mydriasis, is either totally absent or only slightly pronounced.

"A very insignificant paresis of accommodation appears and disappears with the mydriasis; the near point receded a little in myself and another person whom I examined on this point."

"Furthermore, I have observed a marked ischaemia in the normal, especially the palpebral conjunctiva, on the duration of which I am unable to make any definite statement. Other not perfectly ascertained observations, such, for instance, as the ophthalmoscopic conditions, I will pass by for the present; yet I want to say that I have never noticed any symptoms of irritation from the use of Cocaine."

"As for the dilatation of the palpebral fissure, this phenomenon at all events precedes the action of Cocaine on the muscles of the iris and the ciliary ligament. On account of its almost simultaneous occurrence with the anaesthesia of the cornea and conjunctiva, I have thought it to be in connection with this anaesthesia, accounting for it by the omission of the excitations, which in the normal state act upon cornea and conjunctiva, and upon which the ordinary width of the palpebral fissure depends.

"In regard to the anaesthesia, . . . as it can be demonstrated that Cocaine is absorbed, and that from each instillation a certain, though small, quantity penetrates into the interior of the eye, first of all into the anterior chamber, it could *à priori* be expected that the deeper structures of the eye might be anaesthetised if they could be reached by sufficient quantities of the remedy. But as the absorption requires a certain time, and the anaesthesia of the cornea is of short duration, the anaesthesia of the cornea will have disappeared before the iris and ciliary body are acted on. We must, therefore, anaesthetise the cornea again. Both demands can be satisfied by successive applications."—*Clinique.*

DR. DUDGEON'S APOLOGY FOR THE NEW MATERIA MEDICA.

By E. W. BERRIDGE, M.D.

"*Sneers are for the ignorant, not the wise; and a philosopher, when novel experiences present themselves, should seek to know their cause.*"—THOMAS LAKE HARRIS.

A SCHOOL of thought which is rapidly gaining ground at the present day teaches that we are really the descendants of lower forms of life; not indeed by the Darwinian process of the survival of the fittest and the gradual evolution of the survivors into higher developments, but by the actual re-incarnation of the spiritual monad through form after form of the three kingdoms of nature, till at last the human organism is attained. Should this theory be ever demonstrated to be a fact, I should be strongly tempted to believe that Dr. Dudgeon must have been, in one of his earlier stages of evolution—a *cuttle fish!* For just as this interesting mollusc attempts to escape from its enemy by emitting a cloud of ink, in the darkness and turbidity of which it conceals itself; so Dr. Dudgeon, when legitimate argument fails, is wont to throw forth a cloud of (printer's) ink in the shape of *facetiae*, by means of which he may possibly raise a laugh at the expense of his antagonist, and so divert the mind of the reader from the real issue in question.

Far be it from me to deprecate Dr. Dudgeon's talents in this direction, considered *per se*. His wit is of a high order, and should the practice of medicine ever fail him, he could doubtless obtain a lucrative and congenial employment on the staff of one of our comic papers. It is also pleasing to note that he seems well read in general literature, and that while he freely quotes the bard of Avon, he is not altogether oblivious of those poetasters whose doggerel is better known than their names. Especially, moreover, is it gratifying to our highest principles to find that he has not forgotten the sweet poetry of good old Dr. Watts, whose "Divine and Moral Hymns" he no doubt learnt some sixty years ago, when he was a good little boy and—*eheu, quantum mutatus ab illo*—a shining example of early piety. Such gifts are indeed of value, and may be legitimately used in defence of truth; but when used against truth, and merely with the object of securing a victory, it is a grave literary offence. It carries its own punishment with it, however, for only shallow minds can be deceived by it; thinkers, whose opinion

alone is of consequence, invariably detect the trick and despise it.

Dr. Dudgeon, a critic himself, evidently does not like being criticised, and accuses me of inaccuracy on several important points. I purpose to show that in each of these points the inaccuracy rests with him, and with him alone.

(1) Dr. Dudgeon challenges my statement that a discussion had been lately carried on as to whether *similia* was a law of nature or simply a rule of practice, alleging that the dispute was merely as to whether HAHNEMANN wrote *curentur* or *curantur*. As the nigger said, I deny the allegation, and I defy the alligator! I am perfectly aware that Drs. Dudgeon and Hughes are at variance as to the amount of importance to be placed on this question, and that while the former, like Mr. Toots, considers it to be of no consequence (*Hom. Physician*, iv. 317), the latter (*B. J. H.*, xlvi. 1—14) emphasises the disastrous results to science which would ensue were *curantur* to become adopted. Here are Dr. Hughes's own words: "If it be so [i.e., *curentur* and not *curantur*], it is obvious that the thing with which we shall have to do in the present course of lectures is a *method*, not a doctrine or a system." And again: "The real question is whether Homœopathy is such a law as this of gravitation. It is an inference from certain observed facts; shall we state the inference by an affirmation, universal, exclusive, unchanging, that 'likes are cured by likes,' or by a practical conclusion admitting of qualification and exceptions, 'Let likes be treated by likes'? I cannot think that we are justified in affirming absolutely that all morbid states are curable by their similars, or that they are better cured thus than by any other means." Seeing, therefore, that this denial of the absolute truth of Homœopathy on the part of Dr. Hughes was the initial paper of the controversy accepted by Dr. Lippe and followed up by Dr. Dudgeon, I was perfectly right in asserting that "a discussion has lately been carried on as to whether *similia* is a law of nature or merely a rule of practice."

(2) Dr. Dudgeon next endeavours to prove that the contradiction in the preface which I pointed out does not exist. I adhere to my statement, but as the matter is before the public, and every one can judge for himself, I need say no more on this point; however, I deny *in toto* his assertion that the "pathological *simile* of the editors" comprises "all that is implied in HAHNEMANN's expres-

sion, 'the totality of the symptoms,' and perhaps a little more besides." The reverse is the case. The "totality of the symptoms" signifies every fact that can be ascertained with regard to the patient, thus comprising both the physical signs and the pathological nature of the case, though, as HAHNEMANN declares, some symptoms are of much greater value than others in the selection of the remedy. Thus, as the greater includes the less, the "totality of the symptoms" must include the "pathological simile." But how can the converse be true? In *H. W.* xix. 33 I published a case of heart disease cured by *Gelsemium*, which remedy was selected according to the totality of the symptoms as far as they could be covered, and especially according to the characteristic, "Feeling as if the heart would stop beating if she did not move about." If the "pathological simile" in this case comprises the "totality of the symptoms," perhaps Dr. Dudgeon will enlighten our ignorance, and from the profound depths of his far-reaching mind elaborate a strictly scientific pathological explanation of this symptom, demonstrating with what functional derangements of the nervous system, and with what molecular changes in the heart itself, it is necessarily associated. Unless he can do this, his vaunted superior pathological method is a mockery, a delusion, and a snare.

(3) Dr. Dudgeon, perhaps prudently recollecting that discretion is sometimes the better part of valour, ignores my complaint that the experience of over thirty years had not enabled him and his colleagues to decide upon a uniform plan; nor has he apparently found himself able to reply to my charge that the prospectus of the *H. P. S.* has not been fully carried out in the work itself; neither has he answered my argument that the practical utility of HAHNEMANN's schema completely refutes the *necessity* for such features as are spoken of as "essentials" in said prospectus. Allowing judgment to go by default on these three points, let us see how he meets the charges which have been brought against that portion of the volume for which he is especially responsible. In reply to my indictment that he had unwarrantably omitted certain symptoms of *Aconite*, he pleads that he has incorporated all the provings accessible which seemed to be reliable, "though of course I used my discretion with regard to the records of provings with high dilutions." Here Dr. Dudgeon allows to escape from the bag a feline quadruped of remarkable proportions. He used

his discretion with regard to high-dilution provings! So he did not use it with regard to low-dilution or large-dose provings, we presume. They, of course, were all O.K.; the simple fact that comparatively large doses were used was enough to prove that. It is only on the high potencies that Dr. Dudgeon, a professed homœopathic physician, endeavours to cast a slur. Such tactics are not surprising in Dr. Dudgeon, seeing that in his recent translation of HAHNEMANN's *Materia Medica Pura* he inserts the symptoms of the antipsorics originally given by the Master in the early edition of that work, while he totally ignores the valuable additions (from high potencies!) which were afterwards added in later pathogeneses of the same remedies in the *Chronic Diseases*. But this confession should alone be sufficient to show the profession what the *Materia Medica of the Future à la Dudgeon and Co.* is likely to be. As for Dr. Dudgeon's pretended difficulty in deciding who is "honest and intelligent," and the minimum amount of each quality which is requisite in a prover, the profession will not be thrown off the track by this trailing of a red herring across the scent. If Dr. Dudgeon wishes to know what class of persons I meant by "rogues," I will tell him. Those are "rogues" in Homœopathy who publish manufactured provings and cases knowing them to be fraudulent; those are "rogues" in Homœopathy who introduce forged paragraphs into the *Organon* of HAHNEMANN; those are "rogues" in Homœopathy who deliberately suppress paragraphs in their supposed translation of HAHNEMANN's writings; and those are "rogues" in Homœopathy who translate from unreliable abridgments of the *Materia Medica*, all the while declaring that they have always made use of the original sources. These are the "rogues" in Homœopathy, in whose statements I would never place the slightest confidence, and who should be gibbeted for the scorn and indignation of all lovers of truth.

(4) Dr. Dudgeon next attempts to evade the full force of Section 128 of HAHNEMANN's *Organon* by asserting that it is in contradiction with the note to Section 284. Even admitting a contradiction, would not any rational man prefer to accept a demonstrable fact in preference to a merely approximative mathematical calculation? But I deny the contradiction. It is an impossibility that HAHNEMANN should have flatly contradicted himself within the space of a few pages. That feat was indeed performed by Dr. Dudgeon's friend and colleague,

whom he recently allowed to be called in consultation in a grave case—the author of the *Laws of Therapeutics*—but assuredly the founder of Homœopathy could never have been guilty of such an absurdity. If Dr. Dudgeon will only take the trouble of studying these two paragraphs carefully, with the context, he will find that they refer to totally different things. In Section 128 HAHNEMANN declares from experience that the crude drugs “do not exhibit nearly the full amount of the powers that lie hidden in them, which they do when potentised by proper trituration and succussion,” and therefore advises that provings should be made with the 30th potency. In Section 284 and its accompanying note he is simply referring to the actual strength of medicines, and the approximate ratio in which that strength diminishes with the reduction of the actual quantity used. Cannot Dr. Dudgeon perceive the great difference between medicinal efficacy and brute force? Does he not know that experience has shown that the Hahnemannic dynamisation of medicines by dilution and succussion necessarily diminishes the brute force, the toxic energy of the drug, while at the same time it wonderfully heightens not only its curative power, but its power of producing the finer shades of action which are so important in the selection of the truly homœopathic remedy? In fact the process enables us to give, both to our provers and our patients, the minimum amount of the maximum development of power. But there are none so blind as those who will not see.

(5) Dr. Dudgeon avers that in Section 128 of the *Organon* HAHNEMANN says nothing about provings with the 1m and 2m potencies, but only with the 30th. Literally this is true; but why does Dr. Dudgeon ignore the fact that HAHNEMANN at this time (1833) chiefly used the 30th potency in his practice, and hence advised the use of the same potency for proving, as indeed he declares even more explicitly in *The Genesis of the Homœopathic Healing Art*, published in the same year. Now as HAHNEMANN in subsequent years used very much higher potencies in his practice, asserting that the 30th was not to be taken as the limit, logically he must also have approved of the same very high potencies being used for provings. After all, the question really is whether these very high potencies, even the much-abused fluxions, are capable of producing symptoms or not; and this question is practically answered in the affirmative by no less an authority

than Professor T. F. Allen, who has admitted them into his *Encyclopaedia of Pure Materia Medica*.

(6) Dr. Dudgeon disclaims the idea of his ever being thought *addictus jurare in verba magistri*—a very unnecessary disclaimer indeed!—but argues that I, in spite of my frequently avowed belief in HAHNEMANN, have departed from the Master's rules. But why does he point out the (supposed) mote in my eye, not considering the beam in his own eye? If I have departed from the faith in not literally following HAHNEMANN's directions for the *preparation* of medicines, how much further must Dr. Dudgeon have fallen from grace in neglecting his directions for the *prescribing* of medicines! But I deny that I have departed from HAHNEMANN even in this matter; and had not Dr. Dudgeon allowed his prejudice to overcome his judgment, he would not have confounded the essential with the non-essential. The number of succussions, the vehicle employed, the number of bottles used, and the exact proportion of the attenuating fluid, are all mere matters of detail, which can be varied without interfering with the essential process itself. That essential process consists of dilution and succussion. Dr. Dudgeon denies that succussion is an element of fluxion potencies. Did he ever see a fluxion-potency machine at work? If he had he would not have made such a ridiculous blunder. Undoubtedly fluxion-potencies may be, and have been, made without *strong*¹ succussion; but to make a potency without any succussion is clearly impossible: even the impact of each successive drop on the drops in the potentising phial causes a certain amount of succussion. Whether this is sufficient is simply a matter for experimental research. HAHNEMANN considerably varied his views on this point from time to time, and lays down no hard and fast line.

(7) Dr. Dudgeon declares that Allen does not mention the name of Dr. T. S. Hoyne in connection with *Aconite*, and that he had never heard of his provings. If my critic will refer to the *Hahn. Monthly*, iv. 366-9, he will find that Dr. Hoyne published two provings of *Aconite*; one on the person of Dr. H. N. Small, with a potency not stated, but apparently below the 11th; and the other on Dr. T. C. Duncan, with the 60th. These provings are given by Allen, with the initials of the provers, and are numbered 39 and 40.

¹ In *N. A. J. H.* XVI. 103 Dr. Fincke says "This Cm potency is the result of potentiation by actual dilution without *strong* succussion." (Italics my own.)

respectively ; and these provings, I repeat, though confirmed by others, have been omitted by Dr. Dudgeon. I would here call attention to the fact that Dr. Hoyne says of these provings, "the highest attenuation used produced the most symptoms characteristic of the drug." Perhaps it was this painful statement that caused Dr. Dudgeon to be seized with sudden amaurosis when he arrived at this proving.

(8) Dr. Dudgeon attempts to defend the late Dr. Black by pleading that the latter's work is simply an "arranged pathogenesis," an "amalgamation in numbered paragraphs, of whole groups of symptoms." Be it so ; but what then becomes of the description in the prospectus of the *H. P. S.* of the "essentials of a pure *Materia Medica*," with the italicised statement that "this is the only *Materia Medica* in which this plan has been followed"? Were Dr. Black with us now, surely he would exclaim, "Save me from my friends," for Dr. Dudgeon's attempted excuse is really one of the severest criticisms that he could have penned on the work of his departed friend ; it implying that Dr. Black's arrangement is neither the practically useful schema of HAHNEMANN, nor the so-called "scientific," but practically useless, order of the daybooks, but simply a confused jumble of symptoms, a *rudis indigestaque moles*. Dr. Dudgeon tries to be witty about my numerical comparison. I was perfectly aware of the fact to which he refers, and the consequent diminution in the actual number of the symptoms ; but if the reader will refer to what I wrote on p. 75 of the *H. W.* he will see that I gave this numerical comparison to call attention to the matter, leaving it for every one interested in the question to examine the details for himself. I could hardly expect a whole number of the *H. W.* to be entirely devoted to a minute comparison of the two pathogeneses, and yet without this I could only make a general statement. I ask no one to receive my criticism of Dr. Black's pathogeneses on my *ipse dixit* ; I welcome, nay I ask for, the most minute investigation ; and when that is given, it will be found that Dr. Black has omitted many most important symptoms of these medicines, and that his groupings of the symptoms only partially account for the numerical difference. To facilitate such examination I will give the following data. In Dr. Dudgeon's translation of HAHNEMANN'S *Materia Medica Pura* the following symptoms of *Nux* are given in full-faced type, implying that they are important and characteristic :—5, 26, 35, 65, 122, 123, 127, 159, 203, 281,

285, 287, 305, 394, 398, 401, 427, 428, 455, 460, 576, 577, 578, 582, 591, 629, 687, 904, 910, 911, 935, 997, 1,000, 1,021, 1,029, 1,043, 1,058, 1,062, 1,070, 1,105, 1,124, 1,187, 1,195, 1,212, 1,214, 1,254, 1,264, 1,266, 1,271. How many of these *characteristics* does the reader think are given by Dr. Black? I HAVE NOT BEEN ABLE TO FIND ONE OF THEM. Some few are given in a mutilated form, but the large majority seem omitted altogether. Symptoms 216, 1,299, though given by HAHNEMANN as characteristic, Dr. Black has the audacity to quote in brackets, with a query.

(9) Dr. Dudgeon again tries the "red herring" dodge by attacking me on a matter totally foreign to the subject in discussion, possibly thinking that he will do me some injury by representing me as unduly credulous. Whatever may be my shortcomings, credulity is not one of them; I "believe" nothing, accept nothing in blind faith, but I keep my ears and eyes open, and investigate whatever is brought to my notice. Dr. Dudgeon says that such remedies as *Luna cm*, etc., etc., were introduced into medical practice by myself. It would be interesting to know whether it was sheer ignorance or simply an unscrupulous disregard of truth that made him pen such a misrepresentation. Perhaps we may rationally, as well as charitably, attribute it to the former cause, seeing that Truth, according to the ancients, was to be found only at the bottom of a deep well, whereas Dr. Dudgeon, like the G. O. M.—I beg pardon, M. O. G.—seems to be very much "up a tree." Had he made himself as conversant with the subject as a critic ought to be, he would have known that, whatever may be the merit or demerit of the supposed discovery, the responsibility of it rests with Dr. S. Swan,¹ who made experiments thereon dating as far back as 1873. All that I have done has been to test his statements in *three* cases, the only three that have offered, and to publish the result. Dr. Dudgeon may think it very clever to assume the cap and bells, and exhibit himself in the light of a professional jester, whenever he meets with something which does not square with his preconceived notions; but such tactics have no weight with scientific men. It has been well said, "There is nothing so almighty as a fact;" and the first question to be asked by a philoso-

¹ Dr. B. Fincke and the late Dr. S. B. Higgins also made experiments about the same time; I do not know who was actually first in the field, but Dr. Swan has brought it the most prominently before the profession. Since then other physicians claim to have verified his remarkable statements.

pher who meets with a puzzling statement is not, "Is it possible?" but "Is it true?" There are more things in heaven and earth than are dreamt of in our¹ philosophy, and Dr. Swan's discoveries at least find a rational basis in the investigations of Reichenbach. I am well aware that there are some minds who glory in agnosticism, but there is nothing to boast of in ignorance. Whenever I hear of an assumption of superior knowledge based on want of knowledge, I am irresistibly reminded of the man who told Dr. Samuel Johnson that he thanked God for his ignorance. "Sir," replied the doctor, "I have no doubt you have much to be thankful for."

(10) Dr. Dudgeon thinks he has scored a point in accusing me of criticising an unpublished work; but he must know very well that my criticism was solely directed to a published and very important feature of the forthcoming *opus*—viz., the exclusion of symptoms said to be produced by potencies above the 12th decimal. However, the work is now in the press, so that a full and minute criticism need not be long delayed, if Dr. Dudgeon especially desires it.

(11) Dr. Dudgeon, in the above accusation of having criticised an unpublished work, sarcastically suggests that I must have some "prophetic gift or prescient foresight." Surely he must also claim some occult powers when he so confidently asserts that I crossed the pond "for the purpose of lecturing the American homœopaths on their ignorance of Homœopathy," though how a "homœopath" can be "ignorant of Homœopathy" is not very clear. Perhaps he has been spirit-rapping, or perchance seeking through Madame Blavatsky some mysterious communications from the Mahatmas of Thibet. Be this as it may, he is wrong. I went to America to enjoy myself, and I thoroughly succeeded. As for my paper, which was read by special invitation, it was well received by all whose opinion I valued; and the opposition to it from a clique of pseudo-homœopaths only served to give it greater prominence. And in the fragment which Dr. Dudgeon quotes he has again shown his inability to quote correctly. In my paper I was referring to those cases where, after the symptoms have ceased, they return *in a milder form*, and I quoted HAHNEMANN's direc-

¹ *Apropos* of lunar influence: is not Dr. Dudgeon aware that experienced mariners refuse to eat any fish that have hung, even for a few hours, exposed to the influence of the tropical moon at night, knowing the same to be highly poisonous?

tions to allow the remedy in such cases to act still further without repetition. Dr. Dudgeon's quotation from the *Chronic Diseases* refers to cases where a persistent repetition of the dose is needed *until* the symptoms begin to yield. But perhaps it would be too much to expect Dr. Dudgeon to spoil his argument by accurate quotation, though, as a translator of the greater part of HAHNEMANN's writings, he could scarcely be ignorant of the statements actually made.

(12) Lastly, while Dr. Dudgeon reproaches me for making myself the mouthpiece of all HAHNEMANN's disciples, let me call his attention to the fact that I have already privately received endorsement from more than one, and that a further endorsement from a Hahnemannian physician appears in the very number of the *H. W.* which contains Dr. Dudgeon's harmless thunderbolt.

48, Sussex Gardens, Hyde Park, W.

BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq., F.L.S.

Order 16. TILACEÆ.

*Tilia Europæa*¹ (Common name, Lime or Linden Tree).—Every one knows the lime tree, of which we have three kinds common to this country—namely, *T. intermedia*, *T. parvifolia*, and *T. grandifolia*—all supposed by botanists to be varieties of *T. Europæa*. Of the three varieties mentioned, *T. parvifolia* is undoubtedly indigenous; respecting the others there is some doubt. The inner bark, called bast, is made into mats; the Russian peasants make shoes, ropes, etc., of it. In medicine we use the flowers, whose delicious perfume loads the air in June and July, attracting countless swarms of bees to the honey contained in them. The *Tilia* was formerly used in various kinds of headache, affections of the nerves, apoplexy, epilepsy, vertigo, palpitation of the heart, etc.

¹ I take this opportunity of saying that provers of and introducers of new drugs are often not sufficiently explicit in describing plants of which there are several *varieties*, and if they do not clearly state which of the varieties they use, the pharmacist cannot be blamed if he uses either of them, or the one most easily obtained. Some may answer that it makes very little difference, but I contend that it *may* make all the difference, and to be exact in prescribing according to the "law of similars," it is necessary to be exact in describing and preparing the remedy. With respect to *Tilia Europæa*, we are not told which variety is to be used.

There is a proving in Allen's *Materia Medica*. Some of the symptoms produced are "heat in the head, vertigo with tottering on turning the head, accompanied with obscuration of sight."

Order 17. HYPERICACEÆ.

Hypericum perforatum (St. John's Wort).—Found on road sides and hedge banks, etc., in July and August. This plant was formerly held in great esteem, and was used internally in a variety of diseases, and externally as an anodyne and to resolve tumours.

There is a good proving of this drug. It produces internally a great variety of symptoms, of which the following are some of the most important:—"Mistakes in writing, omission of letters; forgetfulness of what it is desired to say; confusion; increase of intellectual power; excitement of brain; delirium; singing followed by weeping, and loud screaming; anxiety, melancholy, irritability. It removes consequences of fright; it causes vertigo at night, headache in the morning, with tearing stitches in brain; a sensation as if the head were elongated; is useful in fractured skull, bone splinters, etc.; causes styes on lower left eyelid; severe aching in decayed teeth at night, relieved by lying on painful part; a desire for warm drinks, wine, pickles; absence of taste; many symptoms of disturbance of stomach and bowels; attacks of spasmodic asthma with changes of the weather from clear to damp or before storms, especially indicated after lesion of the spinal cord by a fall years before; useful in meningitis. Morning dry cough with prostration; whooping-cough worse from 6 to 10 p.m. Nervous system much affected after a fall, the slightest motion of the arms or neck extorts cries; cervical vertebrae very sensitive to touch, entire spine tender, bad consequences of spinal concussion, violent pain and inability to walk or stoop after a fall on bottom of back (coccyx). Various rheumatic pains in upper and lower limbs, with weakness and trembling in all the limbs; great dread of motion, the prover would not walk, screamed when lifted. It causes great nervous depression following wounds; next to the nervous tissues the joints are affected; all the joints feel bruised.

Useful to prevent lockjaw from wounds in soles of feet, fingers, or palms of hands; convulsions from blows on head or after every slight hurt; epileptic spasms after injury; injuries to parts rich in sentient nerves, es-

pecially fingers, toes, nails, and lacerations where the intolerable pain shows that nerves are severely involved. Useful in punctured wounds which feel very sore, rat-bites, etc.; from crushed fingers, especially tips, lacerated nerves with excruciating pains, painful wounds before suppuration, very painful bunions and corns.

Hypericum perforatum is one of, if not the most important remedy for injury to nerves. It is one of the commonest plants, but many of the hypericums are much like it in general appearance, and great care should be exercised in collecting it, and the tincture should *always* be made from the fresh flowering plant.

Order 18. ACERACEÆ.

Acer Pseudo Platanus (The Sycamore).—This tree is very common in England, although not much used in medicine. The juice is anti-scorbutic. It has been used in obstruction of the liver and spleen, and to ease pain in connection with such disturbances. Like all the maples, the juice yields on drying a large amount of saccharine matter or molasses, like the sugar-maple of New England and Canada, but not to such an extent. There is no proving.

Order 19. GERANIACEÆ.

Geranium Robertianum (Herb Robert, Stinking Crane's-bill).—A pretty little plant with pink flowers, red stem, and sometimes red leaves, but having a very rank, unpleasant smell. It was formerly held in great esteem as an external application in erysipelatous inflammations, cancer, mastodynia, or pain in the breasts, and for old ulcers. I believe there is no proving of this drug.

ANNOUNCEMENT OF THE FIFTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

THE next annual session of the International Hahnemannian Association is called to convene at the Court House, Syracuse, N.Y., on Tuesday, June 23rd, 1885, to continue three days. It is clearly the duty of every member of the Association to be present at that meeting, and assist in the important work in hand; and it is felt to be the duty of every

physician, whether member or not, who believes in the practice of pure Homœopathy, and the preservation of the higher and better teachings of Hahnemann, to give the great cause the encouragement of his presence and voice in pleading for the better way.

Serious troubles, and sometimes great calamities, are absolutely necessary to enforce upon men an obedience to moral and scientific truths—to call back the wandering to an allegiance to principles, to arouse the lukewarm and doubting, to encourage those who are true but discouraged at the long delay in the fruition of their highest and noblest hopes, and to compel the unbelieving and scoffing to halt in their course, and consider that law reigns supreme in every department of nature, and *must be obeyed*, or the direst consequences must follow.

The entire civilised world stands to-day facing, is almost in the presence of, a most terrible impending calamity (judging by past history), in the threatened visitation within the next two or three years, to every city, town, or hamlet of civilisation, of the worst scourge of modern times—the true Asiatic Cholera. But what encouragement has the dominant school of medicine, or any of its imitators in part or in whole, to offer in the treatment of this scourge, or to sustain us in facing such an evil?

Look to Marseilles and Toulon for your answer! *Seventy per cent.* of all attacked with cholera in those cities last summer and fall speedily found their graves; to say nothing of many in the small percentage saved, who will inevitably date the beginning of serious chronic diseases to such attack, or to the suppressing treatment administered for it.

What hope, moreover, does the vaunted bacteria theory offer in this great emergency? Look, again, to Marseilles and Toulon for your answer. Koch, Pasteur, and other great bacteria lights on the ground, and yet *70 per cent.* of all attacked died; or *just the same* percentage in the death-rate as half a century ago, when the disease appeared for the first time in Europe, *when all were utterly ignorant of it*.

Truly, here is a proper place to call a halt, and to take our bearings. Truly, here, the wanderer, the doubter, the discouraged, the scoffer, the unbeliever in the majesty of law, are all forced on to common ground, and are all compelled to work together for the common defence. But what shall that defence be, what must it be, to compass the greatest security?

Look now to the immortal Hahnemann, and to his equally

immortal work. He it was who, guided by law (not simply by a "rule of practice," for he had had no experience in the treatment of this disease to formulate rules of practice upon), but *guided by law*, and without ever having seen a case of cholera, pointed out under that unerring law the true remedies which, under ordinarily favourable conditions, have *saved 90 per cent.*, often more, of all attacked; and under the *worst* conditions have never lost as high as 30 per cent., or *saved 70 per cent.* or over under the most adverse circumstances, instead of having lost that percentage, as has Allopathy under the best conditions. Where is the proof of all this? is it asked?

Examine the official statistics of past epidemics, as well as those of last year, for Allopathy; and for Homœopathy see the statistics, also official, in "Joslyn on Cholera," and elsewhere. For Homœopathy look at the official report of Admiral Mordvinow, President of the Imperial Council of Russia, for the epidemic of 1831-2: "Not a single death has occurred where homœopathic treatment was resorted to in the incipient symptoms of the cholera." And, "All the patients cured by Homœopathy regained in a very short time their former health and strength, while those who survived other treatments were left in a state of weakness, which lasted several months, and but too often terminated in another disease which proved fatal."

Look also at the report of Madam Lvoff, "of the Government of Saratow," for Homœopathy: "Four hundred cholera patients saved and restored to perfect health. . . . Fifty patients in our own village, and not *one* of them died. . . . All the sick who took medicine in strict conformity to the rules were saved, although some of them were already in the state of collapse which apparently precluded all hope. In this last stage there were not a few with their teeth clenched so fast that it was necessary to force them open for the purpose of introducing the medicine; and yet on the very day following they were relieved and convalescent." And these grand results, be it understood, were not accomplished even by doctors, but by intelligent laymen under the guidance of *law*.

Look at the 377 cases *without a single death* treated by one homœopathic physician in a former epidemic in Naples, where, also, last year 70 per cent. were lost under Allopathy. Look at the success of the venerable Rev. Dr. Weith, of Vienna: 125 cases treated, and but three deaths. Look at the results for Homœopathy in the hands of the late Dr. Pulte,

of Cincinnati, and of Dr. Benj. Ehrman, member of our society, in the treatment of the scourge in that city in 1849 : 1,116 cases of cholera treated with a loss of only 3 per cent., and 1,350 cases of choleric treated and not a death. Is this not enough?

Diverging here to another most prominent so-called bacterial disease—viz., diphtheria, what do we find? Look this time to New York City—one of the great centres for medical wisdom for this country, and even for the world—for your answer, and what is that? *Nearly two-thirds* of all reported cases of diphtheria that occurred in that city this last fall and winter died! And yet it is here asserted, without fear of contradiction by the results of practice, that at least 90 per cent. of all cases of diphtheria can be saved by the purest practice of Homœopathy.

Ninety per cent. or more of all cases of cholera, 90 per cent. or more of all cases of diphtheria, *saved* by pure homœopathic practice under the law, as against 50 to 70 per cent. *lost* under all other methods of treatment in violation of law. Here, surely, is something worth working for, worth combining for, worth praying for, yea, indeed, worth fighting for, if need be, for the redemption of man from the thraldom of such terrible diseases.

But, it may be said, there are other societies with the same high purposes, and the same aims for the advancement of Homœopathy, then why establish another and rival society to arouse contentions and weaken our forces? *Is this true?* Is it true that there is another society in all this wide world, excepting the Lippe Society of Philadelphia and the New York Central Homœopathic Society, at the home of which we are to meet, that is working at all to spread the pure practice of Homœopathy, and to enforce the principles of Hahnemann in their highest practical application? Is there another society where the clinical reports of cures wrought (which is the *only possible test* of the curative powers of medicine), yea, of brilliant cures wrought under the guidance of the best teachings of Hahnemann, are welcome and properly treated? To these questions we may all find the correct answer in the certified and published "Proceedings" of those societies, and what is it? Much of those Proceedings, sustained by the utterances of the majority of their members, *proves* that their increasing effort has been for years, and growing bolder in it every year, to induce a belief that we have no law to guide us, but only "a rule of practice" that may be violated at

will, and to thereby drag down the high standard of Homœopathy from the lofty eminence where Hahnemann placed and left it ; and all for what ? Why, to secure "liberty of medical opinion and action" to adopt, in part at least, the ways and methods of, if not to force a ruinous affiliation with, that school of medical practice which showed the best work it is capable of doing in the stricken cities of France last year, in a death-rate of 70 per cent., where 10 to 15 per cent. should have been the extreme of losses. Do you want any more of that ?

We may also look in another direction for an answer to our question, and for the proof the baleful influence of those societies against the highest interests of Homœopathy. Three-fourths, if not nine-tenths or more, of all young physicians graduated during the last ten or fifteen years and sent out to practise Homœopathy have no confidence whatever in the highest, purest, and truest teachings of Hahnemann ; and are often found apologising for, or vigorously declaring their unbelief in them ; sometimes, indeed, if not often, are found vying with their allopathic neighbours and friends in scoffing at and denouncing those teachings and all who believe in them. And why is all this ? Not, certainly, because those teachings have been found misleading and inapplicable in practice, as the unexampled cholera statistics cited, and thousands of other proofs, could be given to show. But it is because those young physicians have read the Proceedings of the societies indicated ; it is because they heard the scoffings at such teachings by many of the so-called leaders in those societies ; and, for very shame be it said, because they have heard it often asserted by those to whom they have looked for good counsel that "Hahnemann was in his dotage," was "drunk with mysticism," etc., when he did the grandest work for man that man ever did in his masterly work upon Chronic Diseases. What an outrage upon truth and decency ! and this, too, where the highest and purest interests of all humanity are at stake. Why, Hahnemann was nearly eighty years old when he pointed out the true remedies for cholera that have already done so much for mankind—infinitely more than all his traducers ever have or ever will do. What a pity that those traducers could not have caught, in youth or middle age, a hundredth part of the "dotage" and "mysticism" that actuated him !

Can it be supposed for an instant that the young physicians referred to are the best prepared that they can be to grapple

with the impending scourge when it does strike them? Is their possession of a hypodermic syringe, and their evident readiness to resort to opium, alcohol, quinine, germicides, *et seq.*, and, *à la* old school, under the first trying emergency, the best armamentarium that they can have to enter the fight with? Let the sad story of last year in Europe, and the history of the triumphant success of Homœopathy in all past epidemics of the scourge, give them their answer. These young physicians, and those who have brought them to the state of mind which they are in, together with the families of both, are just as liable to the scourge—will, perhaps, be more so, on account of greater exposure than most others, and let them take warning in time. To just the extent that they trust in, or adopt, any portion of Allopathy, to just that extent disaster and ruin await them.

True disciples of Hahnemann! a great duty is upon you. Are you equal to it? There has been a determined effort for fifteen or twenty years, by a large portion of those who claim to be of our school, to ruin our standing as a distinct school of medicine; and, whether intended or not, to deprive suffering humanity of the high hopes and encouragement which we can *honestly* and *justly* offer them in the treatment of the worst human maladies.

It is yours now, with abundant official statistics to aid you, to stay and counteract this deliberate process of ruin. Will you do it? Let the frightful story of Southern Europe last year, and the sublime record of Homœopathy in the treatment of cholera in all past epidemics, be your incentives to *action*.

ROLLIN R. GREGG, M.D., *President.*
J. B. GREGG CUSTIS, M.D., *Secretary.*

Obituary.

JOHANN ELIAS VEITH.

JOHANN ELIAS VEITH, Emeritus Professor of Surgery and Epidemiology at the Vienna Veterinary Institute, Master in Surgery and Operator, died in Vienna on the 17th of February, 1885, at the patriarchal age of ninety-seven years. He was made professor in 1821.

In 1824 Professor Veith had been for some time suffering

from a stomach affection, and was cured thereof by a homœopathic physician, Dr. Menz, by means of *Ignatia*. This cure of himself converted him to Homœopathy.

In 1855 deceased retired from his professorship and returned to medical practice, practising purely as a homœopath, and continued in the active exercise of the profession till the 9th of February of this year, on which day he was still visiting patients and mentally as sound as ever. He was at a meeting of the Vienna Homœopathic Society on the 6th of February, the society holding its meetings on the third floor. He caught a cold while paying his last visit on February 9th, and died on the 19th of bronchitis.

Professor Veith was a good botanist, and prepared his own tinctures to the last. In practice he was a big-doser.

He was kind to the poor, whom he saw at his flat twice a week gratuitously, seeing from 120 to 140 a day, but latterly he was obliged to curtail his home-dispensary by reason of their great numbers, as the co-inhabitants of his house would not put up with such crowds of patients. It is refreshing to think of a physician in full practice at ninety-seven.

REPORTS OF INSTITUTIONS.

THIRTY-FIFTH ANNUAL REPORT OF THE BATH HOMŒOPATHIC HOSPITAL AND DISPENSARY.

Patronesses : The Right Hon. Dowager Viscountess Sidmouth; The Right Hon. Dowager Lady Dynevor; The Lady Jane Swinburne; Lady Straubenzee. *Honorary Consulting Physician* : George Newman, Esq., M.D., 17, Queen Square. *Honorary Medical Officers* : G. Norman, Esq., M.R.C.S.E., L.S.A., 12, Brock Street; E. C. Holland, Esq., M.R.C.S.E., L.R.C.P. Ed., 15, Catharine Place. *Stipendiary Medical Officer* : Percy R. Wilde, Esq., M.D., C.M., 8, Charlotte Street.

ANNUAL MEETING.

The Annual Meeting was held in the Board-room of the Hospital on Wednesday, the 11th February, 1885. The chair was taken at three o'clock by the Mayor, Handel Cossham, Esq. There was a smaller attendance of subscribers than on some former occasions. Those present were : Rev. G. W. Newnham, Rev. H. Tarrant, Major H. Menars, Mr. George

Norman, Dr. and Mrs. Wilde, Mr. and Mrs. E. J. Morgan, Mr. R. Jennings and the Misses Jennings, Mrs. Frederick Clerk, Mr. and Mrs. A. W. Stone, Mrs. Pechell, Mrs. Sams, Mr. S. F. Andrews, Mr. E. Capper, Mr. George Cadbury, and Mr. C. W. Dymond.

The honorary secretary read the report of the committee and the treasurer's balance-sheet for the year 1884.

Dr. Wilde then read the medical report.

The Mayor remarked that, among the number of local institutions devoted to the alleviation of human suffering, he was convinced that the Homœopathic Hospital had established a right to claim a distinct position, as doing a very marked and valuable work. Without venturing to give any opinion of his own as to the relative merits of Homœopathy and the older systems of medicine (for such opinion would be worthless), he might safely say this—that a want was here distinctly supplied to those who sympathised with that tendency of the age which led people to trust less than heretofore to quantities of medicine, and more to the *vis medicatrix naturæ*. He had just been shown over the Hospital, and had been charmed with its pleasant position, and especially with its home-like aspect, so different from that which was necessarily the case in larger hospitals. He congratulated the committee on the state of their finances, which he concluded was largely due to the success which had attended the May Fair, and was glad to observe that, though a good deal of money had been spent in improving the premises, there was a considerable balance still in hand. He was somewhat surprised at the large number of patients they had been able to treat, and would like to see some statistics by which the old and the new methods of treatment might be compared. He had no doubt that they were accumulating a great number of facts which would tend to justify the claim of Homœopathy to a superior position as a system of medicine; and if they did this, it would go far, he thought, to convert both the medical profession and the public to an acceptance of its principles.

Mr. Morgan moved the adoption of the report, and remarked, with reference to the satisfactory state of the finances, that it had chiefly resulted from the recent bazaar—an effort which could not be repeated every year—and that the Institution would, as heretofore, have to depend largely on the undiminished generosity of the donors and subscribers; for it must be borne in mind that their ordinary expenditure

constantly exceeded their income. Mr. Morgan had made some calculations with reference to the cost of the in-patients, and he found that, when there were ten in the house (which was rather more than the average number), the cost per head was about seventeen shillings a week.

Mr. Norman seconded, and said that the number of patients had so largely increased during the last two years that the old methods of management at the Hospital had become quite obsolete; and as they had just heard, the committee found it necessary to introduce a new method. He believed the outlines of that method contained the nucleus of a great success. In connection with the great improvements made in the sanitary state of the Hospital during the past year, he bore testimony to the great value of the honorary services rendered by Mr. Dymond and Mr. Morgan. They had thus saved them considerable expense in carrying out the alterations, and had taken so much pains that he was sure the work was well done.

The resolution having been carried, the Rev. G. W. Newnham proposed a vote of thanks to the committee and officers.

Mr. Jennings seconded, and detailed the great benefits which he had derived from Homœopathy at a time when other treatment afforded him no relief.

The vote having been passed, Mr. Morgan returned thanks.

The Rev. G. W. Newnham moved the re-appointment of the following honorary officers:—Dr. Newman, as honorary consulting physician; Mr. George Norman and Dr. Holland, as honorary medical officers; Mr. E. J. Morgan, as treasurer; Mr. C. W. Dymond, as honorary secretary; and, as members of the committee, not otherwise in office, Mr. Samuel Giles, Rev. G. W. Newnham, Mr. W. Pumphrey, Mr. A. W. Stone, and Rev. H. Tarrant.

Mr. S. F. Andrews seconded, and promised to furnish the Mayor with some statistics such as he had sought.

Mr. Norman proposed that the name of Mr. S. F. Andrews be added to the committee, which, with the former motion, was carried.

The Rev. H. Tarrant proposed that Mrs. Cunliffe, Mrs. Holland, and Mrs. Norman be appointed visiting ladies for the current year. To these names Dr. Wilde proposed to add that of Mrs. Pechell.

Mr. A. W. Stone seconded, and the motion was carried.

Mr. Norman, in moving a vote of thanks to the Mayor for his kindness in consenting to preside, thought his presence on this occasion was particularly appropriate. He was popularly supposed to be in sympathy with the party of progress, and hence there seemed to be no incongruity in his stretching out a helping hand to assist the party of progress in medicine.

The Mayor, in returning thanks, gave expression to the pleasure which it had afforded him to be present; and as an evidence of his goodwill, promised to become a subscriber to the Hospital.

REPORT OF THE COMMITTEE FOR 1884.

In presenting their Report for 1884—a year which, like the one preceding it, has been somewhat eventful in the history of the Hospital,—the committee are glad to be able to render such an account of their stewardship as they believe will be satisfactory to the subscribers.

A few changes have taken place in the official staff. Immediately after the annual meeting, Mr. Cruickshank, who, for a long time, had kindly acted as treasurer, resigned that office, which was offered to, and, *pro tem.*, accepted by Mr. Morgan, who has since continued to act in that capacity. At the same time Mr. Norman relinquished the office of honorary secretary, which was accepted by Mr. Dymond. It would not do to pass over this event without an expression of gratitude to Mr. Norman for the warm interest which, for several years, he has taken in the affairs of the Hospital, the present prosperous position of which is mainly due to his zealous devotion in the past.

The financial year commenced with a deficit of £59 15s. 5d. At the end of the same there is a balance at the bank of £145 15s. 2½d. to the credit of the Hospital.

This fortunate state of things is due to the success which attended the Old English May Fair, which was held in the spring, and by which the Institution benefited to the extent of £464 14s. 2d. The inception of this entertainment was mainly due to the late honorary secretary, who deserves the warm thanks of the committee and subscribers for the leading part which he took in that enterprise.

In May last, the attention of the committee having been drawn to the state of the cooking apparatus and the hot-water supply, the treasurer and the honorary secretary were asked to look into the question. The inquiry had not pro-

ceeded far before it became evident that serious imperfections existed, not only in these two particulars, but also in the sanitary arrangements, the cold-water service, and other kindred matters. The sub-committee accordingly thought it their duty to make the examination exhaustive; and, on its completion, presented to the committee a report embodying proposals for a complete reconstruction of these departments.

The principal defects were found to be these:—(1) The cooking-range in the front kitchen was very inefficient and extravagant; and, moreover, was nearly worn out,—the boiler being burned through. (2) The hot-water supply was not only limited to the lower half of the house, but it depended upon a separate furnace and boiler in the basement; and thus, needing a special fire, was only occasionally available. Several of the pipes, too, though nearly new, were found to be split and leaky. (3) The cold-water high-pressure cisterns were crowded into two closets attached to the wards, occupying valuable space, while not easily accessible for repairs. (4) The bath occupied a most inconvenient position in the basement, behind the back kitchen. (5) There was no supply of soft water. (6) The water-closets were in two of the housemaids' sink-closets; were unscreened, and of a construction liable to make them offensive. (7) The sinks were of an obsolete pattern; much worn, so that they could not be kept clean; and one of them, adjoining the men's ward, being untrapped, the sewer-gases came freely into the room. (8) The soil-pipes were badly arranged; were, in parts, of insufficient diameter; and were not properly ventilated; and the underground trapping was very badly designed and constructed. (9) The wards could be ventilated only by means of open doors and windows, aided, in cold weather, by fires.

The principal improvements were:—(1) The provision of a very efficient and economical kitchen-range, of a pattern recommended by the treasurer. (2) The attachment thereto of a hot-water circulating boiler and pipes, with constant supply, by which the ordinary kitchen-fire does all this additional work with no additional expenditure of fuel. (3) The removal of the hot-water circulating cistern, and of the high-pressure cold-water cisterns; and the substitution for the latter of a single cistern, of much larger capacity, without extra cost, fixed in a new protected chamber in the roof;—thus gaining space, simplifying the distribution, and securing a constant hot and cold-water service from the top of the

house to the bottom. (4) The removal of the bath to the roomy sink-chamber on the first landing. (5) The removal of the large bath-cistern to a place in the yard, where it receives the rain-water from the roof, which formerly ran to waste. (6) The seclusion of the two water-closets; and their separation from the housemaids' sinks; and the substitution of wash-out pans for the other. (7) The substitution of two new sinks for the three old ones; and the proper trapping of all their pipes. (8) The re-arrangement and renewal of the soil-pipes, and their thorough ventilation; also the reconstruction of the underground traps and junctions. (9) An improvement in the ventilation of the wards, by the insertion of flaps in the chimney-breasts.

The result of these works (which were executed from the designs and under the superintendence of the honorary secretary, and which cost £175) has been to make the building perfectly wholesome; and, at the same time, to facilitate the department of general service.

Concurrently with the initiation of these improvements, the treasurer, the stipendiary medical officer, and the honorary secretary were appointed a sub-committee "to consider whether the privileges accorded to subscribers need to be revised; and, in connection therewith, to consider generally the financial questions relating to the admission and treatment of patients, both at the hospital and at their own homes."

This sub-committee, after carefully and repeatedly weighing the question, presented to the committee a report which embodied the following, among many other minor recommendations. (1) That a special effort should annually be made to secure a share in congregational collections. (2) That the tickets hitherto distributed to subscribers should be abolished; and that, for every guinea contributed, a fortnight recommendation-note for an in-patient should be issued. (3) That every in-patient so recommended should (except in cases of real inability) pay an additional fee of 2s. 6d. per week. (4) That unrecommended in-patients should pay 10s. 6d. per week for admission to the ordinary wards. (5) That domestic servants (male or female), in place, be admitted only on payment of 10s. 6d. per week. (6) That patients, properly recommended, be received into the single wards on payment of 21s. and 25s. per week respectively, with private service of meals. (7) That, in really necessitous cases, out-patients be treated free, either at the Hospital or at home, during the

course of the illness, on presentation of a certificate signed by a qualified person—either a member of the Hospital committee, a donor or subscriber to the Hospital, a local minister of religion, or a local relieving officer. In ordinary cases, the payment to remain, as heretofore, 1s. per fortnight for attendance at the Hospital; and 5s. per month for treatment at home. (8) That the single wards (which have generally been empty) be advertised monthly in the *Homœopathic Review*. (9) That the "Laws and Regulations" of the Hospital be altered in accordance with the new arrangements.

As to the privileges hitherto accorded to subscribers, it will be seen that certain needful alterations have been made. The committee have felt that some action was necessary, in order to bring the income and expenditure of the institution into a nearer approach to harmony. Formerly a subscriber was furnished with tickets of *nominally* nearly double the value of the contribution; but the *actual* cost of an in-patient is much in excess of the nominal value of a subscriber's ticket;¹ the result necessarily has been a large annual deficit. The committee think it needful to urge on the subscribers the view that, as a charity, it ought not to be regarded as returning to its supporters much more than a *quid pro quo* for their contributions; and, in connection with this, they wish to draw the particular attention of the benevolent to the fact that the certificates for indigent out-patients are not intended for indiscriminate use; and, being applicable only to the cases of such as strictly come under that category, are subject to revision on presentation at the Hospital. Blank forms of these certificates can be freely obtained on application either to Mr. Capper or to the matron.

As respects the privileges of patients, the committee feel that, in thus providing new facilities for free treatment, they are, while benefiting those who are very poor, at the same time extending the sphere of usefulness of the institution.

It appears that the fixed annual expenses of the Hospital, exclusive of the maintenance of patients, are about £365, or at the rate of £1 per day. The cost of food for the household during the first six months of the year was exactly 1s. per head per day. During the same period, the average

¹ It is estimated that, when there are ten patients in the Hospital, the weekly cost of each is about 17s.; but, as the average number is somewhat less than this, the weekly cost per patient is proportionally greater.

stay of each in-patient was 32 days, and the average residence in the Hospital, per fourteen-day ticket, was $14\frac{1}{2}$ days. The number of in-patients admitted during the year has been 83. The average number of in-patients at one time in the house during the same period was $10\frac{1}{2}$, and the average daily number of attendances of out-patients was $20\frac{2}{3}$. The number of visits annually paid to home-patients during the last twelve months has been 1,141.

The matron, Miss Dickinson, continues to efficiently superintend the domestic and nursing departments to the satisfaction of the committee, who are pleased to be able to report that they have made an addition of £5 to her salary from the beginning of the current year.

Warm thanks are tendered to the Rev. R. Washer, late curate of St. James's, who continued to hold a weekly service at the Hospital every Wednesday afternoon until he left Bath in the autumn; also to Mr. Bull, who has since come over from Frome to conduct a service and give an address about once a month, on Sunday evenings; also to Mrs. Pechell and Mrs. Cunliffe, whose frequent weekly ministrations have been much appreciated by the patients.

The donations and subscriptions for the year amount to £251 1s. 11d., which is £26 8s. 5d. more than the sum collected in 1883.

The Hospital having been closed for seven weeks in the summer, during the alterations, the expenditure for the year has been less than the normal amount. If it had not been for this circumstance, the excess of expenditure over income would probably have been about £50.

The gifts which from time to time have been received at the Hospital have been duly acknowledged in the local papers; a list of them for the year will be found in the annual report.

The financial changes recently made by the committee are incorporated into the revised "Laws and Regulations."

CROYDON HOMEOPATHIC DISPENSARY,
87, GEORGE STREET.

Honorary Medical Officer: T. E. Purdom, M.D. *Dispenser:*
W. H. Gill, chemist.

REPORT FOR 1884.

The work of the Dispensary has been carried on as previously, two mornings in the week.

There have been 427 patients under treatment during the year, the number of attendances being 1,719.

Most of the patients have been suffering from chronic ailments.

341 are reported as cured or relieved ; 17 received no distinct benefit ; 57 have not returned to report themselves ; 27 still remain under treatment.

It is hoped that this report will encourage those who send the poor to get the benefit of the Dispensary, and lead others to do the same.

SCARBOROUGH HOMŒOPATHIC DISPENSARY.

Honorary Medical Officers : F. Flint, M.D., M.R.C.S.E. ; J. Gowing-Middleton, M.B., C.M.

The Report of the Scarborough Homœopathic Dispensary for the year 1884 is one with which its friends and subscribers may be fairly satisfied.

There has been a large increase in the work done ; the attendances at the dispensary rooms have been 10,276 (an increase of 3,138 on the attendances in the previous year) ; and the visits made to patients at their own homes have been 5,147 (an increase of 1,433).

The esteem in which the Dispensary is held by the poor is still more markedly shown by the receipts from those who pay small fees to purchase tickets ; notwithstanding that there has been and is much depression in the town, these small payments have amounted to £158 6s., an increase of £44 10s. on the previous year's receipts.

Financially the Dispensary has not yet arrived at full success, but it is approaching it.

There is a balance of 19s. 2d. on the wrong side for 1884 ; but this is much better than the deficit of £7 4s. 4d. on the working of the previous year ; and the Dispensary is evidently growing to a balance on the right side in years to come. There is still a balance due to treasurer of £48 3s. 10d.

The committee desire to render thanks to the authorities connected with the New Year's United Prayer Meetings (1884), with the Bar Congregational Church, and with the Unitarian Church, for collections, and they also especially desire to thank the Rev. R. Brown-Borthwick for the labour which he undertook in connection with the Concert given at All Saints' Schoolroom in the spring, which realised £7 10s.

Subscriptions or donations will be thankfully received by the treasurer, Dr. Flint, Dr. Middleton, Mr. Foster, or any member of the committee.

CORRESPONDENCE.

[*By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.*]

To the Editor of the Homœopathic World.

INTERNATIONAL HOMŒOPATHIC CONGRESS,
BRUSSELS, 1886.

Association Centrale des Homœopathes Belges.
Bruxelles, le 5 Mars, 1885.

MONSIEUR ET HONORÉ CONFRÈRE,—Vous nous obligeriez beaucoup si vous vouliez bien inscrire l'avis ci-joint dans les colonnes de votre journal pour rappeler aux médecins homœopathes de votre pays, que nous n'avons pas l'honneur de connaître, le prochain Congrès International d'Homœopathie qui doit avoir lieu à Bruxelles en 1886, à une date qui sera fixée ultérieurement.

Vous seriez bien aimable si vous vouliez bien insister auprès de vos lecteurs et des homœopathes de votre pays pour qu'ils apportent leur concours et leurs lumières à ces grandes assises de l'homœopathie.

Agréez, Monsieur et honoré confrère, l'assurance de nos meilleures sentiments.

Le Comité :

DR. MARTINY.
DR. SEUTIN.
DR. CRIQUELION.
DR. SCHEPENS.

Bruxelles, le 5 Mars, 1885.

MONSIEUR,—Le Congrès International d'Homœopathie, dans sa deuxième séance quinquennale, tenue à Londres en 1881, a choisi Bruxelles comme siège de sa prochaine réunion en 1886, et elle a nommé M. le Dr. Hughes Secrétaire permanent et gardien des archives de l'Institution.

Dans sa séance du 1er Juillet, 1884, l'Association Centrale des Homœopathes Belges, comme suite à une correspondance échangée entre M. le Dr. Hughes et M. le Dr. Martiny,

délégué de la Belgique au Congrès de Londres en 1881, a nommé un comité provisoire chargé de prendre des mesures au sujet du Congrès de 1886.

Pour le moment le comité croit devoir se borner à rappeler aux médecins homœopathes que la date de la réunion de cette prochaine assemblée quinquennale approche et il les prie de bien vouloir préparer des travaux scientifiques ou des mémoires sur un sujet quelconque relatif à l'homœopathie ; en outre il serait hautement désirable que de chaque pays parvienne au Congrès un rapport supplémentaire à celui du Congrès de 1881, signalant tout ce qui s'est passé d'intéressant pour l'homœopathie dans chaque contrée, depuis lors.

Dans l'espoir que vous répondrez à notre appel et que vous prêterez votre concours au Congrès, nous vous adressons l'assurance de nos meilleurs sentiments de confraternité.

Le Comité :

DR. MARTINY.

DR. SEUTIN.

DR. CRIQUELION.

DR. SCHEPENS.

[Needless to add that we bring the foregoing notice with much pleasure, and trust British homœopaths will not fail to take a note of it even thus early.—ED. H. W.]

EFFICACY OF THE HIGH POTENCIES.

DEAR SIR,—“The very stones would cry out” if I were to hold my peace when so much is being said in your valuable journal to disparage the efficacy of the high potencies. On Sunday morning last I was called to my daughter (aged 19) at 6 o'clock a.m. She had awoke with severe pain, and as she had an attack of colic last autumn she knew only too well what it meant. Her sister had given her *Chamomilla* when I got to her room, so I set about a fomentation with hot water. The pain and retching increased until our physician arrived at 8.30. He searched for the remedy indicated, when he selected *Castoreum*. He gave one dose, and ordered it to be repeated at two-hour intervals until three doses had been taken. After the first dose she vomited some grass-green mucus and the pain subsided. She had a nice sleep for three hours, after which she awoke with headache. She took a few spoonfuls of barley-water. She had not any violent pain after the first dose, but the tenderness was excessive. She could not turn in bed. As our physician

did not call on the Monday I went to him on the Tuesday to report progress, when he ordered one globule of *Arnica mm* (F) to be given every four hours. This day, Friday, she has been out for a short walk, quite well. I attribute this attack to over-fatigue and a chill; the previous one to the same cause, but she was then at the end of a week too weak to walk erect, and she had to take to her bed on her return to town. The "Physician practising Homœopathy" who treated her last time gave two medicines of a low dilution alternately, and applied turpentine locally and administered brandy. This time she has had neither.

Please to make whatever use you like of this communication. In me your correspondent "X. Y. Z." has a sympathiser. I have two sons who have been perverted by the dominant school. They are officially licensed. I have been a staunch homeopath since 1851, when I was cured by the late Dr. John Epps; and not one of my ten children had tasted old physic up to the time of manhood, not even a spoonful of castor oil, so you may judge I am disappointed.

I am, dear Sir, yours obediently,

F. E. D.

I wonder if "X. Y. Z." has read "The Rights of Man in the Domain of Medicine," by Dr. Granier.

[This being the last time we speak editorially in this journal, we wish to repeat that we have always tried to give both sides fair play in regard to the dose question, and we have every reason to know that we have offended *both* sides! This fact affords us very great satisfaction, and is just what we expected. A good editor is like a policeman in a row, standing between two conflicting parties trying to keep the peace—he gets kicks and blows from both sides. For us Homœopathy is not a question of dose, primarily. The assumption that giving one dose of a high potency constitutes the essence of Homœopathy is merely not true to fact. On the other hand, to deny the efficacy of high potencies is merely an exhibition of conceit and ignorance. The dose required depends upon the degree of homœopathicity in a given case, and may range from five or ten drops of the mother tincture in the case of weak herbs to an undetermined height of potency. Where there is only an organopathic affinity, high dilutions are useless; but good organ-remedies act decisively and promptly; where there is a powerful pathopoëtic similarity low dilutions are simply murderous in their action. Moreover, it depends whether the homœopathicity be primary or secondary.

In the foregoing case "F. E. D." must reckon with *all* the factors, viz.,

1. The *Chamomilla*.
2. Hot fomentations.
3. Effects of the vomiting.
4. The *Castoreum*.

Also it must be remembered that

- a. *Chamomilla* can cause vomiting.
- b. Gastric pains are apt to cease of themselves after the vomiting up of their material cause.

c. If the *Castoreum* produced the vomiting, then its action was physiological and not homœopathic. So one sees that the question of the dose admits of very much thought and very little dogmatism. Without denying that this case was cured by *Castoreum*, we cannot see in it any real evidence of the efficacy of anything but of the vomiting.—ED. H. W.]

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.; or to the Editor, Dr. J. H. CLARKE, 15, St. George's Terrace, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

DR. DE FONSECA Y CASTRO.—The case of poisoning you report might have been useful had you given the name of the drug. A dispensary is a medi-

cal institution where patients are seen, but which has no beds. If to a dispensary you add beds for the patients it becomes thereby a hospital.

MR. ALFRED DOUGHARTY.—Quite true; but the gentleman you name might object to the criticism; and, besides, he only needs rope enough. Any fool can *give up* Homœopathy, but it takes a clever man to practise it successfully.

BOOKS AND JOURNALS RECEIVED.

New England Medical Gazette, No. 2.

The Homœopathic Physician, Vol. V., No. 2.

Monthly Homœopathic Review.

The Zoophilist.
Dietetic Reformer.
North American Journal of Homœopathy, February, 1885.

Homœopathische Monatsblätter, No. 3.

Revue Homœopathique Belge, No. 10.

New York Medical Times. No. 11.

Chemist and Druggist, No. 2.

The Guide, No. 27.

Calcutta Journal of Medicine, No. LI.

The Evening News, March 18, 1885.

New England Medical Gazette, No. 3.

Sixth Annual Report of the Hahnemann Convalescent Home.

The Homœopathic Physician, No. 3.

Catalogue of Homœopathic Publications. F. G. Boericke, Hahnemann Publishing House, Philadelphia, 1885.

The Medical Annual, 1884-5. Henry Kimpton, 82, High Holborn.

The Medical Counselor, January 15 and February 1.

Bulletin de la Société Médicale Homœopathique de France. Décembre, 1884, et Janvier, 1885.

Experiments on Patients by two Hospital Physicians. London: Pickering and Co.

Allgemeine Homœopathische Zeitung, Bd. 110, Nos. 7, 8.

Dublin Journal of Medical Science, February and March, 1885.

A Palace Prison, or the Past and the Present. New York: Fords, Howard, and Hulbert.

The Homœopathic Journal of Obstetrics, Vol. VI., No. 3.

Albany Medical Annals.

Bibliothèque Homœopathique.

The Clinique. United States Medical Investigator.

Medical Advance.

St. Louis Periscope.

American Homœopath, No. 3.

The Medical Visitor, No. 3.

The Medical Advocate.

New York Medical Times.

CORRESPONDENTS.

Communications received from Dr. de Fonseca y Castro, Setulal; Alfred Dougharty, Esq., Clapham; Dr. Dudgeon, London; Dr. Purdom, Croydon; Dr. Berridge, London; Alfred Heath, Esq., F.L.S., London; Dr. Vaudrey, Handsworth; Dr. J. Murray Moore, Auckland, New Zealand; Dr. R. R. Gregg, Buffalo.

The Homœopathic World.

CONTENTS OF MARCH NUMBER.

LEADING AND GENERAL ARTICLES:—

A Groundless Fear.

The New *Materia Medica* and its Critic.

Freethought in Medicine.

Clinical Notes.

The Pearce Fund.

Further Remarks on Homœoprophylaxis.

Torquay.

Contribution to the Pathogenesis of Orange Blossoms.

British Medicinal Plants.

Chionanthus Virginica—Fringe Tree.

Chimaphilla for Anuria.

Electricity as a Wet-Nurse.

Notes on Iris Versicolor.

A Case of Melancholia.

Tobacco of Commerce.

Snails and Mussels as Food.

REPORTS OF INSTITUTIONS:—

Report of the Hastings and St. Leonards Homœopathic Dispensary.

Twelfth Annual Report of the Oxford Homœopathic Medical Dispensary.

Torquay Homœopathic Dispensary.

CORRESPONDENCE:—

Dr. De Noé Walker on the Thirst of Arsenicum.

Progress of Homœopathy.

A Cry from the Wilderness of Official Medical Ignorance.

Wriggling as a Fine Art.

Case of Vaccinosis Cured by Thuja 1.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE
HOMŒOPATHIC WORLD.

MAY 1, 1885.

DR. CLARKE'S ADDRESS.

IT was not without much hesitation that I consented to accept the position from which Dr. BURNETT now finds himself compelled to retire; but I received so much encouragement from valued friends, and such hearty promises of support, that I at last consented to assume the responsibility, which, however, I still feel sufficiently grave. To Dr. BURNETT my thanks are due for the kind and generous terms in which he has introduced me to the supporters of this journal as his successor. And I have to thank him further for the promise he has given—an earnest of which appears in the present number—to continue his connection with the journal as a contributor. Those numerous readers to whom the news of his retirement must have given the pain which the parting of friends always occasions, will be able to find consolation in the fact that the parting is only a partial one: Dr. BURNETT will still contribute to the HOMŒOPATHIC WORLD the fruit of his ripe experience and wide learning.

To all those other of my friends and colleagues who have so promptly and generously accorded me their support, and assisted me with helpful advice, I here tender heartfelt thanks. Among these I am happy to number my late co-editors of the *British Journal of Homœopathy*, Dr. DUDGEON and Dr. HUGHES, and an old and tried friend of Homœo-

pathy and Homœopathic Literature, Dr. A. C. CLIFTON, of Northampton.

Of the future policy of the journal little need be said. It will continue to run on the old lines. To maintain the grand truth demonstrated by HAHNEMANN and embodied by him in the formula *Similia similibus curenur*, and expressed in the word HOMŒOPATHY, is the end and aim of the journal's existence. All who acknowledge this truth—that drugs have the power of removing diseased conditions like those they have the power of producing—will be regarded as our friends; and in other matters of less vital but still great importance, where individual judgment must be allowed free scope, toleration will be the rule. Fair-play will, I trust, be meted out to high and low dilutionist alike; and, on the other hand, fair-play will be looked for from all. It is often difficult to believe that those who differ from our opinions can do so and at the same time be actuated by the purest motives in the world; but this is nevertheless the fact, and one which the enthusiastic partisans of the different schools will do well to bear in mind.

Non-medical homeopathists, to whose devoted and unsparing labours Homœopathy has always owed so large a debt, will not be forgotten. Through the kindness of colleagues in various parts of the world I have arranged to have letters sent containing news which will be of interest to all; and I shall endeavour to present within the pages of the journal accurate information of the state and progress of Homœopathy wherever it is known. And whilst Homœopathy will always be the first and the last consideration, items of general medical interest will be noticed from time to time; and such deeply-important subjects as those of Climate, Diet, Nursing, the Sick-room, Hospitals and Dispensaries and their Management will receive their due share of attention.

And now I need say no more in my personal capacity. Relying, as I trust I may, on the hearty support of readers and contributors, I venture to express the hope that the

HOMŒOPATHIC WORLD will continue its career of great and growing usefulness in advancing the New Therapeutics, the only rational method of curing disease by medicines, founded on the great truth for the knowledge of which the world is indebted—and must one day acknowledge its debt—to SAMUEL HAHNEMANN.

London, May 1st, 1885.

JOHN HENRY CLARKE.

THE BATTLE OF THE CODES.

FOR the last two years the New York Academy of Medicine has been in a state of ferment regarding rival codes of ethics. The principal use and object of "medical ethics" has been, as we all know, to put down Homœopathy in the most effectual way possible. And since, in spite of all the codes, Homœopathy continues to grow and spread, and refuses to be put down, the administrators of the codes always find plenty of trouble on their hands. So it has been in the New York Academy of Medicine. By its constitution it accepted as binding on its members the code of ethics of the American Medical Association. From time to time the more generous spirits in the Academy have uttered their protests against the tyrannical nature of some of its provisions, and notably MARION SIMS. As early as 1876, in his presidential address, this illustrious surgeon said that there was probably not one member of the Association who had not violated the spirit of the Code. He added:—

"Did it ever occur to any of you that it is capable of being used as an engine of torture and oppression?—that men jealously, maliciously intent on persecuting a fellow-member, may distort the meaning of the Code to suit their malign purposes, thus entering into a regular conspiracy to blacken character, and that under the sanctity of the Code's provisions?"

"The time will come (but not yet) when your organic laws, like the constitution of our country, will require modifications and amendments to suit a higher intelligence, broader education, and a greater destiny."

We quote the above from an obituary article on MARION SIMS which appeared in the *New York Medical Times* of

December, 1883, to which journal we are indebted for the particulars of what followed this remarkable utterance.

The first distinct move was not in the direction of freedom. The children of prejudice, more active than the children of light, in a packed meeting of the Academy, passed, on April 19th, 1883, two resolutions, the purport of which was to make it for ever impossible to modify its Code so long as it continued to be the Code of the American Medical Association. The cherished stipulations of this, the "Old Code," are those which prohibit members from consulting with practitioners who believe in Homœopathy, or extending help to patients who habitually resort to homœopathic advice. As a New York paper, the *Evening Mail*, put it—

"The ground virtually taken by the defenders of the Old Code is that a person who employs a homœopathic physician is worthy of death, and that no 'regular' physician shall lift a finger to save the felon's life unless the latter repents and turns his homœopathic accomplice out of the house."

The effect of the unfair action taken by the supporters of Old Code was to cause the the more generous spirits of the Academy, of the MARION SIMS order, to move in the other direction. A New Code, providing that any member be allowed to consult with any legally qualified man, and to endeavour to save the life of a person who had been under homœopathic treatment, was proposed to take the place of the Old. The proposer was no less a person than the president himself, the eminent physician Dr. FORDYCE BARKER. He was ably supported by Dr. LOOMIS and Dr. ROOSA. On the other side was Dr. AUSTIN FLINT, jun., Professor of Physiology, and his chief lieutenant outside the Academy was Dr. SQUIBB, the wholesale chemist. The question came to the vote in October, 1883. The proposal to substitute the New Code was lost because a three-fourths majority was required. A large majority (221 against 92) was in favour of the New Code, but not quite large enough. On the other hand, the resolutions making the Old Code more binding were rescinded at the same meeting.

We have been led to revert to this piece of past history

by a recent occurrence, which illustrates as nothing else could the malevolent spirit of the Old Code party in the Academy. Though retaining the victory, they cannot forgive those who have inflicted on them a moral defeat; and in their blind hate they have committed a deed unprecedented in any society. They have actually accused the man whom they had elected their president, Dr. FORDYCE BARKER, of perjury in subscribing in the signature-book of the Academy the statement that he was a Graduate in Medicine of Paris, of the date of 1844, while he was not at that time, and had not been at any subsequent time a graduate; and also of violating the laws of the State in practising medicine without a diploma. The triumphant vindication of the president's honour which followed this outrageous and utterly unfounded charge, as it proved, and the crushing defeat of his traducers, bode well for the future of the medical profession in America. The spirit of freedom and brotherhood is not to be crushed by professors of physiology and wholesale chemists. In a full meeting of the Academy the conduct of the president was discussed, and the charge proved to be false in every particular. The dignified bearing of the president while the storm was raging, and his refusal, when it was over, to hear of a motion which was proposed for the expulsion of his accusers, command the admiration of all lovers of what is noble, and have given new strength to the cause of freedom in medical thought. In the country where "Progress" is the word of order, the final triumph cannot long be delayed.

NOTES.

ANOTHER cholera debate has come and gone, and the leaders of Old Medicine are, if possible, more divided than ever as to what the disease is and how it should be treated. The last cholera mission has done nothing but upset in every particular the conclusions of the mission that preceded it. The celebrated "comma bacillus" is completely discredited; no one believes now that it is the cause of cholera. The

deaths of the animals to which the bacillus was supposed to have communicated the disease are now believed to have been due to the operation of injecting the bacillus into the intestines, and not to cholera. And whilst the nature of the disease is still as great a mystery as ever, Allopathy has nothing better to offer in the way of treatment than the practice that has proved so fatal in former epidemics. The only drug on the usefulness of which there is any unanimity of opinion is opium; and it is difficult to see to what that drug owes its popularity in cholera.

In the meantime it should be borne in mind that with the approach of warm weather we may see a great outbreak of the disease. Former experiences have taught us that it spreads by leaps; and its appearance at no distant date on this side of the channel should not take us by surprise. From Hull we hear of a severe and widespread epidemic of diarrhoea. This should serve as a warning to all sanitary authorities to leave nothing undone. But when sanitation has done its best and failed, old medicine is powerless. Very different is our position. We trust we may be spared the terrible visitation; but if it does come, thanks to the genius of Hahnemann, we are armed, and ready.

THE HAHNEMANN MEDICAL COLLEGE, CHICAGO, held its twenty-fifth Annual Commencement on February 26th, under the presidency of Dr. Small. According to the report of Dr. Ludlam, Dean of the School, there had been 338 pupils in the College during the year just closed. Of the winter class 197 were men and 60 were women. The number included students from Canada, England, Sweden, and Australia. The graduates of the year numbered 97, and of these 17 were women. The Rev. F. M. Bristol delivered an address to the students and faculty of the College. The valedictory address was delivered by Professor W. J. Hawkes. If Chicago can give a hundred homeopathic practitioners to the world yearly, why cannot London do as much?

AT the April meeting of the British Homœopathic Society a discussion was held on the first part of the *Cyclopædia of Drug Pathogenesy*, just produced under the auspices of the Society together with the American Institute of Homœopathy, under the editorship of Drs. Hughes and Dake, with the aid of a consultative committee comprising Drs. Drysdale, Dudgeon, Pope, C. Wesselhoeft, Farrington, and Arndt. A review of

the work will be found elsewhere. The discussion was opened by Dr. Clarke, who gave great praise to the workers, but pointed out that the pruning knife had been used too freely by the editors in condensing the material, and that some material of doubtful value might have been omitted altogether.

LETTERS were read, some in praise of the work, others complaining that obscure medicines were taken before the great ones, and that dilution provings were admitted. Both these views were supported by various speakers. Dr. Dudgeon said that the work was encyclopædic, and must include all, and take them in the order in which they came. The work was meant to be a standard one, and would be of the greatest use to future workers. If scantily proved medicines were omitted its distinctive character and value would be lost. Dr. Hughes showed that the ordinary Repertories would serve as an index to the Encyclopædia until another special one was provided. It would be impossible to exclude all provings with dilutions. He admitted that some of the "condensations" had been carried too far, but did not think that such was the case with all that had been objected to.

HOMEOPATHY has suffered a heavy loss in the death of Earl Cairns. Never of a robust constitution, the deceased nobleman had for some years past resided during the winter months at Bournemouth for the sake of his health, and occasionally, under the advice of his friend and medical attendant, Dr. Nankivell, had wintered in the south of Europe. Caught in a shower of rain whilst riding, he took a chill, and congestion of the lungs set in, and ended fatally in a few days. Earl Cairns was a staunch friend of Homœopathy. Since 1883 he has been President of the London Homœopathic Hospital, having accepted that position on the death of the Earl of Wilton, and he had also been president of the Hahnemann Convalescent Home at Bournemouth since its foundation. In both these institutions Earl Cairns took a warm interest.

BEFORE this number of the journal is in the hands of our readers an interesting ceremony will have been held. Drs. Drysdale, Dudgeon, and Hughes are to be entertained at a banquet on the 29th April at the Café Royal, Regent Street, and presented by their colleagues with a testimonial in recognition of their great services, continued through many years, in connection with the *British Journal of Homœopathy*.

As the date falls too late for us to notice the proceedings in the present issue, a full report will be given next month.

WE are promised for our next number an article by Dr. A. Clifton, of Northampton, on the influence of Homœopathy on allopathic practice in its neighbourhood.

THE next meeting of the British Homœopathic Society will be held on Thursday, May 7th, at the Homœopathic Hospital, Great Ormond Street. Dr. Byres Moir, Oculist to the Hospital, will read a paper entitled "Notes on Eye Cases."

DR. PROCTOR'S OBJECTIONS TO VACCINOSIS.

By J. COMPTON BURNETT, M.D.

REFERRING further to Dr. Proctor's article on Vaccinosis in the *Monthly Homœopathic Review* of February, 1885, we read :—

" So if measles leaves behind it sore ears or eyes or a lung affection, we apply whatever medicine may be indicated, and not necessarily *Aconite*, *Pulsatilla*, or *Sulphur*, although they are also eligible along with others. Again, in periostitis as a sequela of typhoid, we should not give the typhoid medicines, but *Phosphorus*, *Silica*, etc., having relation to the bone and periosteum. The reason being that in these cases the specific disease has run its course, and the sequælae belong to another order of affections altogether. This, I apprehend, is the case with vaccinia. There may be adventitious elements of disease concurrently with the specific affection, such as syphilis and pyæmia, and there may also be glandular or cutaneous disturbances remaining after vaccination as after any other disease, but presenting no specific character, and requiring possibly any medicine in the whole *Materia Medica*.

" If it were the case that vaccinia, like syphilis, ran an indefinite course, and for years, it would be a very serious matter; but have we any evidence to this effect? So far as we know, after the brief period of the eruption, no one has been able to communicate the disease. The blood and the secretions are not known to have this power; even the major disease, small-pox, runs its course and comes to an end in a definite time, and why should we expect the modified disease to do otherwise, or to have a larger train of evil effects than are credited to small-pox? But there is a tone running through certain writings on this subject which rather confers upon small-pox the honourable distinction of being an honest, straightforward disease, that is not afraid of showing itself in its true colours, and that after doing its worst departs, leaving the body free from disease, and if anything rather better than it found it—it being thought in some quarters to be prophylactic of phthisis—whereas vaccinia is regarded as a sneaking, shame-faced intruder, that only dares to show itself by a single vesicle on the site of the puncture, and after doing all the harm it can in secret, can hardly be persuaded

to quit the body it has so grievously injured! Surely this is an error of judgment. We should not *a priori* expect worse sequelæ from vaccinia than from variola, and experience lends no weight to the idea."

This is a thoughtful way of regarding the question, and contains its own reply, which I would put thus. Vaccinia is like syphilis in this—that it *does* run, to use Dr. Proctor's expression, an "indefinite course." I may be permitted to point out that syphilis and vaccinia are communicated similarly—*i.e.*, through a superficial lesion; and both diseases act, at first *centripetally*, and then towards the periphery. And what I have ventured to call *Latent Vaccinosis* has its analogue in syphilis. The organism, both in vaccinia and syphilis, is attacked from a peripheral lesion, and presently we find the progress of the attack towards the periphery. We find, moreover, that in both these diseases the centrifugal action (organismic reaction?) may be weak or powerful. Dr. Proctor is a man of much experience, and he has doubtless noticed that an individual will get syphilis *badly* (*powerful* centrifugal action) and is readily cured and gives subsequently little or no evidence of a syphilitic taint; while another has syphilis very mildly (*weak* centrifugal action) and yet shows evidences of a specific taint for many years. So it is with vaccinosis, and its virus is indeed a "sneaking intruder."

On the other hand, the evolution of measles, scarlatina, variola, typhoid, is essentially different; what they do is done in one acute process whereby the organism may be destroyed, or damaged more or less, and their sequelæ are consequent upon them and not of their essence.

In like manner the scar remaining after vaccination is a sequel of vaccination, but not of its essence any more than the cicatrix of a Peyer's patch.

A syphilitic person is immune against a second attack only so long as he is not quite cured; as soon as he is *quite* cured he may get it again, though we know less about syphilis than about vaccinosis, because we are constantly producing the latter at will.

I pass by Dr. Proctor's reference to the philological side of the question, as he offers no evidence that he understands that part of the question. The enumeration of chemical constituents has nothing to do with it. I have given already the soundest philological objection to the use of the term lymph, and allowed the etymological unobjectionableness from the beginning, and yet Dr. Proctor talks on about it quite ignoring my statements.

We meet, however, again on practical ground. Dr. Proctor says:—

"But we have another and a practical reason for the use of the term. If the fluid is pus from the beginning, as Dr. Burnett asserts, why are we to refrain from using it after the eighth day? If it is pus that we want, we shall more certainly get it after the eighth day than before."

If Dr. Proctor wishes to enshroud the thing in words, I have no desire to hinder him; if, on the other hand, he poses that as a serious question, my reply is this: We do not *want pus* any more than we *want lymph*; what I affirm is that we actually do get pus as the vehicle of the vaccinal virus, and not lymph.

In my pamphlet entitled, "The Law of Similars the Scientific Principle of Vaccination—Homœoprophylaxis," I give the following:—

"TABULAR JUXTAPOSITION OF THE CHARACTERS OF LYMPH,
VACCINE MATTER, AND PUS.

"In order to show at a glance that vaccine matter is pus and not lymph, I proceed to juxtapose their characters in the form of a table:—

LYMPH	VACCINE MATTER	PUS
1. Is a normal fluid of the body.	Not a normal fluid of the body.	Not a normal fluid of the body.
2. Is contained within its own circulatory system.	Therefore has no circulatory system.	Therefore has no circulatory system.
3. Is a vital fluid.	Is a dead fluid.	Is a dead fluid.
4. Is non-poisonous.	Is poisonous.	Is poisonous.
5. Introduced into the organism it produces no disease.	Introduced into the organism it produces disease.	Introduced into the organism it produces disease.
6. It may even be taken as food, being essentially a nutrient.	It may not be taken as food, being essentially poisonous.	It may not be taken as food, being essentially poisonous.
7. Is not the product of inflammation.	Is the product of inflammation.	Is the product of inflammation.
8. Contains no pus-cells.	Contains pus-cells.	Contains pus-cells.
9. Is the product of progressive metamorphosis.	Is the product of retrogressive metamorphosis.	Is the product of retrogressive metamorphosis.
10. Has a centripetal tendency— <i>i.e.</i> , it seeks the centre.	Has a centrifugal tendency— <i>i.e.</i> , it seeks the periphery.	Has a centrifugal tendency— <i>i.e.</i> , it seeks the periphery.

"I think these characters will all stand, and they conclusively prove that vaccine matter is not lymph at all, and can only be improperly so called; while they prove that vaccine matter may very fitly be called pus. Of course, the vaccine pus is a specific pus, its specificity being conditioned by the vaccine virus of which it is the carrier. In the earlier stage the pus is thin and watery, and the liquor contains but few pus-cells; hence it is clear and lymph-like in appearance. It is this clear, lymph-like look of the vaccine vesicles that accounts for the current term *vaccine 'lymph'* against which I have protested and do hereby further protest.

"*Wo Begriffe fehlen, da stellt ein Wort zur rechten Zeit sich ein,*" says Goethe. Those who make use of the designation '*vaccine lymph*', are resting their faith on the actual *word*; a true *conception of the thing* they have not. The importance of strictly defined and fixed terms can hardly be exaggerated in scientific research, and with loose terms logic is literally killed.

"The best writers now shun the term '*plastic lymph*', and prefer *plasma*. They feel that '*plastic lymph*' involved the theory that the *plastic lymph* *is* lymph, which is not so easily proved; and moreover it implies that all lymph is not plastic. Names of things involving theories are objectionable, and likely one day to be discarded.

"The term *vaccine lymph* involves two theories. First, that it *is vaccine*, or *from the cow*, which is *not proved*, but I will concede it as very probable. That it *is not lymph* I can claim to have proved.

"Most people, being not blinded with prejudice, will concede that vaccine matter is not lymph really, but only so called from an apparent resemblance thereto in that, when young, it is clear and more or less pellucid. On abstract etymological grounds there could be no valid objection to calling it lymph—that I have never denied; but there is, nevertheless, a philological objection to the term—viz., the term '*lymph*' was already appropriated, and there *is* physiologically such a thing as *cow-lymph* or *vaccine-lymph*—i.e., the lymph in the lymphatics of the cow, which is the only logical reading. This is more manifest if we translate it into Latin, thus, *lymphe vaccina*. Here we see the difficulties and uncertainties that are created by the misuse of words.

"Any clear bright fluid may be lymph-like in an etymological sense, and a little clear urine under a containing transparent pellicle would be lymph-like in the same sense as vaccine matter, but that would not make it lymph. Neither can the pellucid look of a vaccine vesicle make it justifiable to call the contents lymph.

"But vaccine matter may not be lymph, and yet not pus either. I have shown that the characters of vaccine matter and pus are almost identical, but there are many kinds of pus. We read of *laudable pus*, which is whitish, thick, and creamy; of *serous pus*; of *bloody pus*; *infective pus*; *rotten pus*; *tuberculous pus*; *mucous pus*.

"Pus is essentially the product of inflammation. When we vaccinate an individual we produce a cutaneous lesion, so as to get the vaccine poison into the blood. Whether we *call* the vaccine matter lymph or pus does not alter the essence of the thing, for whether it be lymph, or pus, or what not, it is only as the carrier of the vaccinal virus that it concerns us. In the healthy, the original inflammation, if any,

produced by the vaccinator's instrument has often completely disappeared before there is any sign of the 'taking.' The first thing that tells us that the operation of vaccination has succeeded is *inflammation* with its redness and swelling; then we find a papule, and very soon a vesicle filled with a clear fluid containing *pus-cells* in a small quantity. The longer it lasts, of course, the dryer the vesicle becomes, and the number of pus-cells increases. The contents of the vaccinal vesicle are purulent from the beginning; it is young serous pus, but pus it is for all that. If, in experimental science, we are in doubt about the true nature of a thing, *we cultivate it and see what it produces*. We know

'Like genders like, potatoes 'tatoes breed,
Uncostly cabbage springs from cabbage seed.'

And if a cabbage plant springs up we know full well that a cabbage seed was previously there.

"Now, what happens if we vaccinate with a minute portion of the clearest part of the contents of a vaccinal vesicle? If we let the whole process develop we find it end in the production of *pus*. If we wait a few days longer and take the older and thicker contents of the vesicle and inoculate with it, what happens? It ends in the formation of *pus*.

"Can lymph ever end in producing specific pustulation generation after generation in such a way? The *lymph* turns to *pus*, says the *Monthly Homœopathic Review*!"

"But if we wait till this teratologic phenomenon has ended we shall witness a still greater *potentum*, for if we proceed to vaccinate with what is now *admittedly pus*, we shall again get—what? *lymph*!! *Lymph becomes pus* and this same *pus* again *bogetis lymph*!!"

I reproduce all this because Dr. Proctor fails to deal with nine out of the ten of the tabulated characters, trying to break all the sticks in one bundle by asking, "If the fluid is *pus* from the beginning, as Dr. Burnett asserts, why are we to refrain from using it after the eighth day?" To which I reply: We are to refrain from using it after the eighth day because after that period *we have to do with a product of secondary inflammation, and this is a non-vaccinal pus*—*i.e.*, the *pus* resulting from the disintegrating skin and deteriorating vaccine matter, which is an entirely different process, and the vaccine virus may, moreover, be here destroyed.

Therefore if we use the vaccine matter after the eighth day we get two kinds of *pus* together, the one organic and vaccinal, the so-called "*lymph*," and the other the product of the areolar inflammation which follows the ripening of the vaccine pustule, and which latter does not necessarily contain the specific virus at all, but perhaps a taint from the individual.

Finally, I again claim to have *proved* that vaccine matter is *pus*, and *not lymph*; and I again protest against the importation of an accepted physiological term into pathology, and I am not without hope that my view will be accepted by science; indeed science must accept the fact, though it may have to wait for an orthodox father before it is acknowledged. Anything coming from a homœopath is *ipso facto* condemned by the common professional herd.

London, April, 1885.

SYZYGIUM JAMBOLANUM IN DIABETES.

By DR. DUDGEON.

In the February number of the HOMŒOPATHIC WORLD you notice the observations of Banatvala with reference to its efficacy in diabetes. A similar notice appeared in the *British Journal of Homœopathy*, xli., p. 275, taken from the *Medical Record* of February, 1883.

Soon after the appearance of the original notice a case of diabetes which I had under treatment, and which had hitherto been doing pretty well under the ordinary homœopathic treatment and a moderately strict diet, seemed no longer to make any improvement. The patient, becoming anxious, left me for a medical man who has a special reputation for diabetes. This practitioner put the patient on a very strict diabetic diet, and gave for medicine *Codein* in considerable doses. This did very well for some time, but gradually the *Codein* seemed to lose its power, and the strict diet became very irksome. The patient, a gentleman aged 64, returned under my care. I examined the urine, and found a reduced quantity of sugar in it, but still some. On leaving off the *Codein* and stringent diet, the sugar immediately reappeared in considerable quantity. I had in the meantime procured from India a quantity of the *Syzygium* seeds or fruit, and, as he was very anxious to try it, I gave him two or three doses daily of the 1x dilution, which I prepared myself. Under this treatment the quantity of sugar diminished considerably, and, even though I allowed considerable liberties in diet, the sugar still continued to diminish, until scarcely a trace could be discovered by boiling with potash, and its specific gravity fell down to 1017. The daily and nightly quantity of the urine passed also fell very considerably. The case has other features which make it a very interesting one, but

I need not dwell on those at present, as it is still under treatment. I only wished to show that *Syzygium Jambolanum* has an undoubted power on the glycogenic function, and to recommend it to others for trial in obstinate cases of diabetes. The fruit is brownish-black in colour, of a French-bean shape, but rounder, about half an inch in length and one-sixth of an inch in breadth. It is extremely hard, almost as hard as *Nux Vomica*, but can be pounded in a mortar to a fine yellow-coloured powder, in which state it may be used either for making tincture or trituration. As I have a considerable quantity of it, I shall be happy to give an ounce or two to any practitioner or chemist who may wish to have it. I did not observe that it caused any disagreeable or pathogenetic effects on my patient when given in the doses I have indicated.

CLINICAL NOTES.

By ALFRED PULLAR, M.D.

Neuralgia.

THERE are few cases which more strikingly illustrate the value of our rule of drug selection than the so-called neuroses met with frequently in practice. As our medication is based rather upon the distinctive features of each case than on pathological definitions, the selection of the appropriate remedy is determined by individual symptoms. The nerve pain is usually a sign of some constitutional tendency, and therefore presents different characteristics in nearly every case. But whatever be the etiology of such affections, the true indications for treatment are derived from subjective symptoms.

Looking over my notes of cases, I find an instance of neuralgia cured by a somewhat unusual remedy, namely, *Kalmia Latifolia*. The patient, a married lady, æt. forty-three, complained of intense tearing pain in the forehead over the right eye, the affected part being tender to touch, pain recurring regularly every afternoon, worse towards evening, and leaving her prostrated by the suffering. She had been liable to such attacks, generally of several weeks' duration, under the usual (old-school) treatment. The patient looked anxious and worn, her pulse being slow and weak. After trying various remedies (e.g., *China*, *Arsenic.*) with scarcely any appreciable effect upon the pain, although the strength improved, I now prescribed

Kalmia Latifolia (in 3rd decimal tincture) every fourth hour. The pain abated rapidly under this medicine, each recurrence being less severe and lasting a shorter time. On the fourth day the patient was free from the usual attack (afternoon), having no acute pain, only dull aching or "numb feeling" in the part. At the end of a week—(since beginning the *Kalmia*) she reported herself much better in every way, the traces of pain being now dispelled, and from this time she remained well.

In the provings of *Kalmia Latifolia* by Hering, symptoms resembling those of the above case are marked characteristics of the medicine, especially the right-sided neuralgic pain, recurring every afternoon, worse towards evening; pain described as "rending, agonising." The anxious expression and slow, weak pulse are also prominent symptoms.

In the next case of neuralgia I have noted *Spigelia* was clearly indicated by the character of the pain, and proved curative. The patient, an elderly lady, after exposure to cold, had been suffering some days from severe pain in the left side of the face, chiefly around the eye, recurring at frequent intervals; slight redness of the parts affected, and profuse flow of water from the left eye during the pain, the latter symptom being evidently characteristic in the case. I therefore prescribed *Spigelia*, which almost immediately relieved the pain, and in a few days entirely removed it.

Pertussis.

In several cases of whooping-cough in children lately under my care, I have prescribed *Cochineal* (*Coccus Cacti*) with most satisfactory results. The disease had resisted other remedies for some time, and was characterised by nightly aggravation and vomiting after nearly every paroxysm of cough. These symptoms seemed to indicate *Ipecac.*, which was given, but with only partial benefit. Learning from the mother of the children that the cough was worse on first waking in the morning, and that it caused expectoration of a quantity of tough mucus, I regarded these symptoms as characteristic of *Coccus Cacti*, which was accordingly given in the 3rd decimal dilution, and proved rapidly curative. In the course of a week the cough and other symptoms had almost ceased.

As the remedies for pertussis are numerous, and nearly allied in their action, it is essential to discriminate carefully in order to obtain curative results. Thus *Ipecac.*, while

resembling *Coccus* in some of its symptoms, is distinguished by the suffocative character of the cough and bronchial wheezing, "the chest seems full of phlegm," and it has not the aggravation of cough on waking in the morning, which led to the selection of the latter remedy in the above cases.

Headache.

The real origin of headache is in many cases so obscure that any treatment deduced from theory alone is likely to prove unsatisfactory in its results. If the causes of pain were always capable of being discovered and removed, the practice of the prevailing school would rest on a more scientific basis. But, unfortunately, in the present state of our knowledge, this is far from being the case, and hence the fallacy of "rational" therapeutics. Thus the protean forms of headache are attributed to derangement of liver or some other organ, to congestion, anaemia, or vaguely to nervous debility, and the treatment is directed according to the supposed cause. It frequently happens, however, that after the prescribed course of purgatives, or tonics, the head symptoms remain intractable. The headache, indeed, may depend upon some deep-seated cause, the exact nature of which is beyond our means of diagnosis; and the practical question arises, how best to afford relief. In such cases the only reliable indications for treatment are those recognised by our school as guiding symptoms. The pathogeneses of medicines present phenomena closely resembling those of natural disease, and we are thus enabled to select a remedy which covers, as nearly as possible, the symptoms of the case before us.

In many cases of chronic headache there is no remedy which I have found so frequently indicated (and curative) as *Bryonia*. These cases present the well-known characteristic symptoms of the drug—namely, aching or throbbing in temples and forehead, extending to the occiput, and aggravated by stooping or movement. The headache sets in on first waking in the morning, and declines as the day advances. It is frequently associated with other symptoms indicating digestive or hepatic disturbance, especially constipation. But headache of this character may be the only symptom, being purely of neurotic origin, and yields rapidly to *Bryonia*. According to my experience in such cases, it is necessary to give the medicine in the higher dilutions (12th or 30th) in order to obtain the curative effects.

The following case may be cited as illustrative of the curative effect of *Bryonia*, completed in this instance by another medicine (*Calcarea Carb.*). On October 21st, 1884, I was asked to see Mary G., æt. nine, a pale, rather delicate-looking child, who had suffered from headache more or less for about a year. Her mother informed me that treatment had hitherto failed to afford relief, and from the persistent nature of the ailment she feared it might be due to some organic mischief. The child awoke almost every morning with severe headache, which seemed to be worse from moving about or noise of any kind. This lasted for about three hours, and then gradually declined. There were few general symptoms except slight constipation, rather dry, brownish tongue, thirst, and deficient appetite. The child had usually a bright expression, and, as her mother remarked, looked "dragged" from the effects of the headaches. I prescribed *Bryonia* 12, two drops night and morning.

October 29th.—Has improved since taking the medicine, but still wakes with headache, which, however, is not so severe. Continue *Bryonia*.

November 6th.—Head symptoms steadily abating, bowels more regular, tongue clean and moist.

November 16th.—Slight recurrence of headache during past week. *Bryonia* 30, a dose every night.

November 24th.—Headache much relieved, but tends to return occasionally. Finding that the case was not likely to improve further under *Bryonia*, I now prescribed *Calcarea Carb.*, which was indicated by the general weakly state of the child (noted especially cold, damp feeling of the feet), and also by the character of the head symptoms. The patient improved greatly under *Calcarea 30*, the traces of headache being entirely removed, and in the course of a few weeks she had quite regained strength and her former healthy appearance.

Edinburgh, April, 1885.

ON HEPAR SULPH. IN VACCINAL BLOOD- POISONING.

By T. G. VAWDREY, L.R.C.P., M.R.C.S.

THE sphere of action of *Hepar Sulph.* is well known to every student of homeopathic therapeutics, while its peculiar influence upon suppurative inflammations of the skin and

subjacent tissues has arrested the attention of some of the more enlightened amongst the orthodox school of medicine. It is now more than ten years ago since Dr. Ringer, in his popular *Handbook of Therapeutics*, recommended sulphide of calcium in the treatment of boils and chronic glandular abscesses. Dr. Ringer's testimony to the value of this drug in the conditions referred to has been widely endorsed, and sulphide of calcium now occupies a recognised position in the armamentarium of the orthodox practitioner. The latter is probably quite unaware that in adopting Dr. Ringer's suggestions as to the application of this drug he is using a homeopathic remedy homeopathically, and if he were charged with such an offence he would certainly disown the soft impeachment. Nevertheless, such is the fact; and, if he would but make the experiment, he would find that the *Hepar Sulph.* of the despised homeopathic pharmacopœia, even in the third decimal trituration, possesses quite as much therapeutic energy as sulphide of calcium in material doses. The former preparation is elegant, tasteless, odourless, and easy of administration; while the latter is unstable in solution, has a most offensive odour, and can only be satisfactorily prescribed in the form of pills. For these reasons the homeopathic preparation is much to be preferred, and in conditions such as the following it will be found quite as efficacious as the crude salt which Dr. Ringer so justly commends.

Vaccination, no matter how carefully performed, is liable to be followed in some children by very troublesome symptoms indicative of blood-poisoning. The blame for this disaster is commonly imputed by the parents to the practitioner who performed the operation, and the latter, fully equal to the emergency, endeavours to shift the responsibility on to the constitution of the child vaccinated. When the child returns for inspection on the eighth day it is found that the pustule has burst, leaving an unhealthy excavation surrounded by an areola of erysipelatous inflammation. By the tenth day this excavation may have attained the size of a shilling, and by the twelfth day it may be as large as a florin. The surrounding inflammation may extend from the shoulder nearly to the elbow, the skin being of a dull red colour, tense, shining, and brawny. The child is pale, feverish, and obviously suffering from grave constitutional disturbance. Frequently a pustular eruption breaks out on the body and limbs, the pustules bearing a close resemblance to those of small-pox. In spite of every precaution, especially

where human lymph is employed, symptoms such as those described will occasionally supervene upon vaccination. The parents are indignant, the surgeon is placed on his defence, and the child suffers.

Fortunately in *Hepar Sulph.* we have a remedy at once safe, speedy, and reliable. The improvement which follows the administration of this drug is too conspicuous to be explained away as a mere coincidence, or as arising from the natural progress of the symptoms. One grain of the third decimal trituration may be given three times a day, and it will generally be found that at the end of forty-eight hours the excavation occupying the site of the ruptured pustule has assumed a cleaner and more healthy appearance, the surrounding inflammation has begun to recede from its original boundary, the skin has become less tense, and its colour has almost returned to the normal. The eruption on the body likewise undergoes a corresponding amelioration, the pustules being gradually transformed into small scaly elevations. As a local application, a cold-water dressing frequently renewed throughout the day, with a light bread poultice at night, will be found to relieve pain and accelerate the cure. For symptoms such as those described *Hepar Sulph.* may be regarded as almost a specific, and Dr. Ringer has done good service in recalling attention to the value of the sulphides in controlling unhealthy suppuration.

Handsworth, near Birmingham,
April, 1885.

SEPIÆ SUCCUS.

By Dr. DUDGEON.

DR. BERRIDGE calls my reply to his criticism an "apology" in the title of his article, and a "thunderbolt" at the end of it. It is neither the one nor the other. It is a defence of the new *Materia Medica* against what seemed to me an unfair attack by Dr. Berridge; rather a *paratonnerre* or lightning-conductor than a thunderbolt.

Dr. Berridge prefaces his reply to my reply by a quotation beginning, "Sneers are for the ignorant, not the wise," and he forthwith proceeds to sneer and worse through nine pages and a half of the *Homœopathic World*; so I presume his remarks "are for the ignorant, not the wise."

Dr. Berridge first likens me to a cuttle-fish. As regards the

appropriateness of the simile I shall say nothing ; its venerable character is known to every one, and even when applied to myself it is not strikingly novel. This is the third time I have been likened to that interesting mollusc. The first time was by a controversialist in the *Monthly Homœopathic Review*, vol. viii., p. 96. The second time was in an anonymous letter sent to me by a medical man who was not pleased with a review of his book in the *British Journal of Homœopathy*. I had no difficulty in discovering who was my anonymous correspondent. And now I have the same "ancient and fish-like" simile applied to me by Dr. Berridge in allusion to the quantity of printer's ink I shed in order to conceal myself, or escape from my enemy, or throw out a cloud of facetiae, or something or other, I cannot very well make out what. Though Dr. Berridge, with a profusion of pseudo-scientific jargon, attempts to pass this simile off as his own, he has no doubt borrowed it from the article above alluded to in the *Monthly Homœopathic Review* published twenty-one years ago, which he has evidently been studying. "He that uses many words for the explaining any subject doth, like the cuttle-fish, hide himself for the most part in his own ink," says old Ray, and, judged by this test, Dr. Berridge would seem himself better to deserve the simile than I, for he gives us nine pages and a half in April to my poor eight pages in March. Victor Hugo, in his *Travailleurs de la Mer*, credits the cuttle-fish with another quality which renders it rather a formidable antagonist to those who venture to attack it, and I suspect "'tis not alone my inky cloak" that makes my opponents writh and howl in the lamentable manner they do, but my habit of holding them fast to the point and proving them to be in the wrong.

Dr. Berridge sneers at what he is pleased to call my "wit;" but as his article abounds in jokes, mostly of the venerable cuttle-fish character, and slang phrases which some persons mistake for wit, it would seem that, like Falstaff, "I am not only witty myself, but the cause that wit is in other men."

Dr. Berridge pays me the compliment of saying that I seem "well read in general literature" because I quote from Shakespeare and Watts, and am "not altogether oblivious of those poetasters whose doggerel is better known than their names." Now, as the only other poet I quoted, or rather parodied à la Berridge, is Lowell, I fear I cannot return Dr. Berridge his compliment, for I do not think any one

"well read in general literature" would so describe the illustrious author of the *Biglow Papers*.

Dr. Berridge next proceeds to lament over my supposed lapse from "early piety" in a manner that strongly recalls the unctuous utterances of Chadband, though what that has to do with the subject on hand is not very apparent, and what object Dr. Berridge could have had in this sickening snivel unless to discredit me in the eyes of the "unco guid" I cannot imagine.

Dr. Berridge challenges me to prove that the "pathological simile" of the authors of the new *Materia Medica* includes as much as Hahnemann's phrase "totality of the symptoms," and thinks he gives me a settler when he mentions what he asserts to be a characteristic symptom of *Gelsemium*, "Feeling as if the heart would stop beating if she did not move about," and asks me to give "a strictly scientific pathological explanation of this symptom," etc. If Dr. Berridge had read the *Introduction* he professes to criticise, he would have seen that the "pathological simile" means the morbid condition as revealed by the symptoms—objective and subjective. As the symptom ascribed to *Gelsemium* is a subjective symptom, and undoubtedly pathological, its occurrence in a case of disease would constitute *Gelsemium* a "pathological simile" as far as that symptom goes, and there is no more reason why we should know its proximate cause when occurring in a drug proving, than in the natural disease; the drug symptom does not on that account fail to be the "pathological simile" of the disease symptom. The discovery of the proximate cause of any symptom or series of symptoms, whether caused by disease or drug—*i.e.*, the internal pathological anatomical changes concerned in their production—is not always possible, but if known would prove an additional aid to the selection of the pathological simile to the disease among drug effects. But, as Hahnemann says, we have only to do with what "can be discovered," not with what cannot. Hahnemann tersely states the inseparable connection of proximate cause and external signs in the first edition of the *Organon*, Section 6: "The invisible morbid alteration in the interior, and the visible alteration of the health in the exterior, together constitute what we call disease; both together are the disease itself."

The next point I shall notice is the statement: "In his recent translation of Hahnemann's *Materia Medica Pura* he inserts the symptoms of the antipsorics originally given by the Master in the early edition of that work, while he totally

ignores the valuable additions (from high potencies !) which were afterwards added in later pathogeneses of the same remedies in the *Chronic Diseases*." A most extraordinary criticism surely. I have faithfully translated Hahnemann's *Materia Medica Pura* from the latest editions of the several volumes, and my critic blames me for not having put in the additional pathogeneses of a totally different work — the *Chronic Diseases*. What a curious idea Dr. Berridge seems to have of the duties of a translator. The *Chronic Diseases* is not a later edition of the *Materia Medica Pura*, as Dr. Berridge seems to think, and though some of the pathogeneses which appear in the earlier are reproduced in the later work, their arrangement is different, and while some are expanded by the addition of new symptoms, others are contracted by the exclusion, condensation, or amalgamation of symptoms that had appeared in the earlier work. The Hahnemann Publishing Society wanted the *Materia Medica Pura*, which I have given them entire, not a patch-work of that and the *Chronic Diseases*. But my critic must be ill off for something to abuse when he blames me for the fidelity of my translation.

"This confession" (he calls it, though I do not see how the word applies), he sneers, "should alone be sufficient to show the profession what the *Materia Medica of the Future à la Dudgeon and Co.* is likely to be." We may judge from this what sort of a *Materia Medica* Berridge and Co. would be likely to produce.

Dr. Berridge tells us what class of persons he meant by "rogues" in his first criticism, and I find that he includes myself under this courteous appellation, for the following evidently refers to me: "Those are 'rogues' in Homœopathy who translate from unreliable abridgments of the *Materia Medica*, all the while declaring that they have always made use of the original sources." As I dare say most of my readers have forgotten all about the matter, I may remind them that thirty-five years ago I published the first volume of a work called the *Pathogenetic Cyclopædia*, since superseded by the first part of the *Cypher Repertory*. In the preface I said: "I have translated all the symptoms from the original provings, and I therefore consider myself responsible for their accuracy." After brooding for fourteen years over my book, a critic of Dr. Berridge's type abused me in Berridgian style in the *Monthly Homœopathic Review*, because I had translated for this work, which is of the nature of a *Repertory*, some symptoms of one of Hahnemann's medicines from his later

Chronic Diseases in place of from his earlier *Materia Medica Pura*, and the symptoms of two other medicines from Trinks's later *Materia Medica*, which he published in conjunction with Noack, in place of from his earlier *Materia Medica*, which he published in conjunction with Hartlaub. I naturally thought that Hahnemann and Trinks knew best what were the most important and reliable symptoms of their own pathogeneses. If I was wrong, at the most it was only a venial error of judgment, and when it is borne in mind that I had to do with the pathogeneses of 323 drugs it would seem to be very excusable. But for this I am, according to Dr. Berridge, one of "the 'rogues' in Homeopathy, in whose statements I would never place the slightest confidence, and who should be gibbeted for the scorn and indignation of all lovers of truth." This is, I suppose, what Dr. Berridge considers "legitimate argument," in which, he says, I so conspicuously fail. I trust I may always fail in this way, and I leave others to decide as to whether such language is within the limits of "legitimate argument."

Any one desirous of a further acquaintance with this controversy will find it in the seventh and eighth volumes of the *Monthly Homeopathic Review*. He will there see that my critic of to-day has modelled his style on that of my critic of twenty-one years ago, even to borrowing the zoö-(not patho-)logical simile of the cuttle-fish.

Comparisons of this sort are dangerous in controversy, as two can play at that game. When one sees the amount of sneering, sarcasm, insinuations of untruthfulness and roguery, accusations of ignorance, dodging and trickery, affected lamentations over his opponent's lapse from early piety, and slang of the 'Arry sort, all of which does nothing to forward his argument, profusely scattered through Dr. Berridge's article, one is forcibly reminded of a certain small animal whose mode of fighting is to emit a fetid discharge which offends the nostrils but does not further injure its opponent. On the whole, I would prefer to be credited with the characteristics of the cuttle-fish.

I wonder what makes the partisans of high dilutions so extravagantly abusive in their controversial writings? I have, to my sorrow, had controversies with several colleagues of this persuasion, and I have been astounded by the strength of their language, which increased in the inverse ratio of that of their arguments. Rogers the poet was once asked why he said such ill-natured things. "The fact is," he replied, "I

have a very weak voice, and if I did not say ill-natured things I should not be listened to." Certainly the high dilutionists in this country are a "feeble folk," and their voice but a weak one (it is never heard in assemblies of their colleagues), hence perhaps the reason of the ill-natured character of their polemical writings. A gentleman once complained to a lady that her little dog had bitten him. "Poor thing," said the lady, "how very angry he must have been." How very angry must Dr. Berridge have been to use such a style of invective. I fear what he calls my "apology" has not had the usual soothing effect of apologies. Perhaps his second thoughts are best, and it has acted on him more like a "thunderbolt," and soured all the milk of human kindness in him?

"High dilutions," by the way, is a complete misnomer. The more a substance is diluted the lower it goes. Hahnemann originally wrote of "going down" in his dilutions, and the more the medicine was diluted the "lower" the dilution was said to be (see *Organon*, 2nd edit., § 305 and note, besides many other places in his earlier works¹). A false idea has become connected with the weaker dilutions by calling them *high* and *highest*. If restored to their original and more suitable name of *low* and *lowest* the appellation would express what they really are, and at the same time correspond better with the language habitually employed in their polemical writings by their partisans, which can certainly not be considered as of a very high order.

Dr. Berridge is quite wrong in stating that § 284 and note of the *Organon* refer only to the diminution of the "brute force" of a drug by dilution, and not to that of its "medicinal efficacy." This paragraph and note occur almost unaltered in every edition of the *Organon*, and refer solely to the medicinal action of the drug on the human organism, and not at all to any other kind of action—far less to "brute force." I must say I never till now heard of the "brute force" of a drug, and if, as Dr. Berridge seems to imply, it is the same as "toxic energy," he is altogether wrong in ascribing such a meaning to Hahnemann, as the illustrative instance Hahnemann gives satisfactorily proves. "I have *very often*," he says, "seen a drop of the decillion-fold dilution of tincture of *Nux Vomica* produce

¹ Even in the last edition of the *Organon* (§ 280, note) he speaks of "low" dilutions (*tief verdünnten Gaben*), meaning what he elsewhere calls "high" dilutions, as I have so translated it for uniformity's sake.

pretty nearly *just half as much effect* as a drop of the quintillion-fold dilution, under the same circumstances and in the same individual." Where is the "brute force" or "toxic energy" invented by Dr. Berridge in this case?

Dr. Berridge refers me to a work or essay of Hahnemann's published in 1833, entitled, *The Genesis of the Homœopathic Healing Art*, where the advice to prove medicines in the 30th dilution is given "more explicitly" than in the *Organon*. But Hahnemann never wrote any work with such a title either in 1833 or any other year. Possibly the essay Dr. Berridge means is that I have called *Preamble* (*Vorerinnerung* is the word Hahnemann uses), in the first volume of my translation of the *Materia Medica Pura*, but this has nothing to do with the "genesis" of Homœopathy. It contains two cases treated by Hahnemann, one with the pure juice of *Bryonia*, the other with the quadrillionth part of a strong drop of *Pulsatilla*. The proving of medicines in the 30th dilution is certainly advised, but not "more explicitly" than in the *Organon*, as Dr. Berridge alleges, but, on the contrary, much less explicitly. It is possible that Hahnemann occasionally used higher dilutions than the 30th in his later practice, but that he often gave lower and much lower dilutions is evident from the autograph letter of 1841 I published in the *Lesser Writings*, in which he begs Dr. Lehmann, who prepared all his medicines for him to the latest period of his life, to send him the 3rd trituration of a list of medicines he encloses.

Dr. Berridge thinks he clinches his argument by reference to the *Encyclopædia* of "no less an authority than Professor T. F. Allen," but I confess I have not such perfect confidence in Dr. Allen as an authority as Dr. Berridge professes to have; for, though I have not examined his work critically to any great extent, I have met with some errors of the grossest character. Thus I find that he has incorporated all the pathogenesis of *Manganese* in Hartlaub and Trinks's *Materia Medica* with that of *Antimonium Tartaricum*. Dr. Allen apparently thinks *Braunstein* (manganese) and *Brechweinstein* (*Ant.-Tart.*) are one and the same substance.

It is all very well for Dr. Berridge, now that he has committed himself to "fluxion potencies" and the like, to say that the succussion so repeatedly and emphatically insisted on by Hahnemann in the *Organon* and elsewhere is a "mere matter of detail" and a non-essential. I contend, on the contrary, that Hahnemann considered it, up to his latest

years, as a most essential and important point in his pharmaceutical processes, and any one conversant with his writings knows this to be the case. Dr. Berridge tells us that the *Organon* is "the Bible of Homœopathy," but he freely uses his right of private judgment to determine what are essentials and what not in his "Bible," though to ordinary comprehension his tenets seem occasionally to be directly opposite to the plain doctrine of the text.

For a professed Hahnemannian, and one who boasts of his "absolute and unwavering acceptance of the truth of the practical teachings of Hahnemann," Dr. Berridge seems to be but scantly acquainted with what Hahnemann actually taught. In this he resembles several other professed Hahnemannians who are constantly prating of their fidelity to the Master's teachings, and hurling anathemas against their colleagues for their deficiencies in this respect, whilst their writings display the most profound ignorance of what Hahnemann wrote, and their practice is in many respects utterly opposed to Hahnemann's teachings. As regards the former point, I may mention that Dr. Lippe, the very *Coryphæus* of the Hahnemannians, in a late discussion in the *Homeœopathic Physician*, actually asserted that Hahnemann's own formula was *Similia similibus curantur*, and that *Similia similibus curentrur* was an invention of Dr. Hughes's.

My having attributed to Dr. Berridge the introduction into medical practice of *Luna*, *Nix*, and *Magnes Australis*, all in the 100,000th dilution, seems to give him great offence, and he is at a loss to know "whether it was sheer ignorance or simply an unscrupulous disregard of truth that made him pen such a misrepresentation." I confess I never heard of these wonderful medicines until I read about them in Dr. Berridge's paper in *The Organon* (periodical) III. 53, where he says nothing about any previous introducer of them; so I naturally credited him with their invention, for which he is so angry and uses such extravagantly violent language. He thinks I ought to have known who first introduced these valuable remedies into practice. I plead guilty to being ignorant of this, but I am consoled by finding my ignorance is shared by Dr. Berridge himself, as he tells us he does not know whether Swan, Fincke or Higgins can claim this honour—nor do I. So apparently Dr. Berridge's ignorance and my own on the subject are equally "sheer."

Apropos of *Luna* cm, Dr. Berridge asks me if I am not aware that fish hung up on a moonlight night in the tropics

is supposed by sailors to be highly poisonous. I have read something of the sort, but I was not aware that *Luna cm* was a preparation of stinking fish; though it does no doubt stink in the nostrils of the profession, and Dr. Berridge himself seems most anxious to get rid of the credit or discredit of its introduction into practice, as though he dreaded it might bring him into bad odour with his colleagues; but *litera scripta manet* to prove that he did introduce it and its precious companions into British practice.

Dr. Berridge says, "In the fragment [of Dr. B.'s lecture to the Americans] which Dr. Dudgeon quotes he has again shown his inability to quote correctly." As I am not conscious of having previously been accused of quoting incorrectly, I am at a loss to account for this "again." I have compared my quotation with the original, and find that it is absolutely and literally correct. Were I to act on Dr. Berridge's principles I might call this accusation "simply an unscrupulous disregard of truth," but as I do not act on Dr. Berridge's principles I refrain from comment, and leave the reader to characterise it according to his fancy.

Dr. Berridge says my "quotation from the *Chronic Diseases* refers to cases where a persistent repetition of the dose is needed until the symptoms begin to yield." This shows me that Dr. Berridge knows nothing about the passage on which he speaks so confidently. The whole thing is too long to quote, but the short of it is that Hahnemann directs the medicine to be given in chronic cases "as long as improvement goes on," a dose every day or every other day, and at each repetition of the medicine he directs a *lower* potency to be given. The date of this article is 1837, within seven years of his death.

That Dr. Berridge is very imperfectly acquainted with Hahnemann's writings is no news to me, in spite of his confident tone and professed deference to the "Master's rules" ("Master" always with a capital M—"fürwahr erdient euch auf besondre Weise.") In case Dr. Berridge should again imagine I am quoting from an obscure "poetaster," I will add, for his information, after the manner of Dr. Pangloss, "Goethe, ahem!"). I have no hesitation in saying that the self-styled Hahnemannians who so persistently assert themselves to be the only true disciples of Hahnemann are, as a rule, woefully ignorant of the essentials of Hahnemann's teachings, and even of his works, as I have shown Dr. Berridge to be, and that their deviations from Hahne-

mann's practice and unfounded pretensions to be considered as the only representatives of true Homœopathy, have tended to throw ridicule on his system, to deter medical men from inquiring into it, and to put a stop to the accessions to our ranks which were going on satisfactorily before the promulgation of their baleful innovations.

I do not at all doubt that Dr. Berridge's attack on the new *Materia Medica* has "received endorsement from more than one." In fact, I think I could easily name one of the endorsers—if not both.

The other points in Dr. Berridge's article that require an answer I have already replied to in my first communication, so they do not need any further notice.

Dr. Berridge offers a criticism of the forthcoming *Cyclopædia of Drug Pathogenesis*, "if Dr. Dudgeon especially desires it." Although it is always an amusement to me to see Dr. Berridge making an exhibition of himself, I cannot say that I consider him specially qualified for critical work, either by intellect, culture or temper. Passion and prejudice, the qualities chiefly conspicuous in Dr. Berridge's critical writings hitherto, are quite out of place in matters of science. Dr. Berridge does not yet seem to know that conceit is a poor substitute for knowledge, violent assertion for accuracy, insult for argument, and slang for wit; and until he does I imagine his contributions to critical literature will be hardly so valuable as he seems to think. On the other hand, compilations like the *Pathogenetic Record*, which he contributed to the *British Journal of Homœopathy*, he has a real talent for, and I would recommend him to devote his not inconsiderable working powers and industry to this department of the art, whereby he would promote the development of Homœopathy to a greater degree than he can retard it by those extraordinary displays of ill-temper, insult and invective which he mistakes for criticism.

[The personal part of this controversy must close here, both sides having now been heard twice. If our correspondents have any further remarks to make on points of the *Materia Medica*, we shall be happy to hear them. These we consider most fitting subjects for discussion in our pages; but not personalities.—ED. H. W.]

SPECIAL CORRESPONDENCE.

BIRMINGHAM.

HAVING undertaken to write to the HOMEOPATHIC WORLD as local correspondent for Birmingham, I think I cannot do better than begin by giving a slight sketch of the rise and progress of homeopathy in this town, especially in connection with its Hospital and Dispensary.

It is just forty years now since Dr. Fearon came to Birmingham to settle as a homeopathic practitioner; almost at the same time a Dr. Berry King came here for the same purpose, but he gave way to Dr. Fearon and went, I believe, to Jamaica.

At this time, *viz.*, in 1845, Dr. Fearon only knew of "two gentlemen and one family who were so far convinced of the truth of homeopathy as to aver their readiness to be treated by it in acute illnesses";¹ nevertheless he almost at once opened a Dispensary nearly opposite his then residence in Great Charles Street, and was so successful that even during his first year he saw on two or three days a week from twenty to forty patients, who came to him not only from the town of Birmingham, but from many of the surrounding districts, and especially from the "black-country" towns—Dudley, Bilston, Wolverhampton, etc.

During his first year here Dr. Fearon was engaged to attend on the son of one of our wealthy local landlords; but as he was almost a stranger to homeopathy, he stipulated that the case should be watched by a practitioner of the old school, and for this purpose Mr. Parsons was chosen. This naturally threw Mr. Parsons and Dr. Fearon a good deal together, and it ended by Mr. Parsons and Mr. J. Lawrence, one of his most intimate friends, becoming converted to a belief in homeopathy. In the early part of 1847 Mr. Parsons and Mr. Lawrence had sufficiently tested the new system to be willing to openly proclaim their adherence to it, and were able to carry with them a fair proportion of their former patients, and in May of this year they joined with Dr. Fearon in opening the "Birmingham Homeopathic Dispensary" at their own expense, taking for the purpose the house No. 13, Old Square, at the corner of the Upper Priory.

This attained very rapid popularity, and though no statistics appear to have been kept during the first year or two, the number of patients must have been very great, for each of the three medical officers attended on three days in the week, and Mr. Lawrence tells me that it was no uncommon thing for it to take them from 9.30 a.m. till 3 or 4, and sometimes even 5 p.m. to see all the patients. From the first the principle of admitting "paying patients" as well as gratuitous cases was adopted, and with the happiest results. The scale of charges was then, as it is now, two shillings and sixpence a month, or six shillings for three months as an out-patient, and five shillings a month for patients to be seen at their own homes if living within a mile of the Dispensary. From this source no less than

¹ This quotation is from the first published report of the Birmingham Homeopathic Dispensary, in 1848.

£325 12s. was obtained during the first year—a sum sufficient, together with the few subscriptions and donations, in all £49 11s., to pay all the expenses and allow £100 to be put aside towards a fund for starting a Hospital, a project which was kept in view from the very first.

After this very satisfactory year's work a meeting of subscribers and friends was called together on 5th July, 1848, when the management of the Dispensary was formally handed over to a committee of nine gentlemen, and a first list of subscribers was announced, numbering 36, in which it is interesting to note there are to be found names still prominent on the committee and subscription list.

From this time the Dispensary continued to grow in popularity and in the number of its subscribers, and it is instructive to note that in proportion as subscribers increased (who have the privilege of giving notes for free attendance), so did the number of paying patients diminish, and this not only in their relative proportion to the free patients, but in actual numbers; so that whereas, as already mentioned, during twelve months of 1847 and 1848, when there were only thirty-six subscribers, the sum of £325 was received from paying patients; in 1860, with over 140 subscribers and 13 life governors, the sum was only £218, and during the last few years, with a subscription list of over 400 names, the average receipts from this source has been £170. This of course only refers to the Dispensary department, which was all that existed for the first twelve years.

During the autumn of 1849, the third year of the Dispensary, the cholera visited this country, and though in this town there were very few cases, yet many of the surrounding towns suffered severely, and the committee met the epidemic with the eagerness and confidence of all believers in our system, who are only too glad of the opportunity of putting it to the crucial test of experience, for they passed resolutions admitting all cases of diarrhea and dysentery without payment or notes, and directions were published in the local papers for the employment of a few of the principal homœopathic remedies for cholera; in addition to this, similar directions, together with a supply of the remedies recommended as being prophylactic in cholera, were given away to a large number of applicants from all the surrounding districts, and Mr. Lawrence (the only survivor of the staff at this time) tells me that they had abundant proof of their efficacy in the many grateful thanks subsequently received from those who took these remedies and escaped the infection.

In my next letter I shall hope to carry on the narration of the Dispensary and the establishment of a Hospital, noting from time to time the most interesting events in its history. I am sorry to say I am so far unable to obtain any of the reports of the Dispensary between the years 1850 and 1860, and if among your readers there should be any who possess reports referring to this decade, I hope they will kindly lend them to me, and others might greatly increase the interest of this history if they would jot down and let me have any notes bearing upon the earlier years of homœopathy in this town.

EDWARD M. MADDEN, M.B.

Birmingham, April 15th, 1885.



LIVERPOOL.

THE subject of chief interest to the local "homœopathic world" is that of the Homœopathic Hospital about to be erected in our city through the generosity of our well-known townsman Mr. Henry Tate. This gentleman writes that he is induced to take this step through having observed, during his long connection with the management of the homœopathic dispensaries in Liverpool, where he has been an eyewitness of the good done to so many of the poor, the benefits of our system; and he is prepared to spend £10,000 in order that the poor of this city shall enjoy the advantages of such a hospital, and that medical science may be advanced by the comparison of the cases treated in this and other hospitals. The plans for the building are being elaborated and are nearly ready, and it is expected that the construction will soon be going on briskly. The homœopaths of this neighbourhood will be able to greatly increase their public usefulness, and to take the position in the homœopathic body of the country which their numbers and ability entitle them to. The homœopathic dispensaries of the city are doing great and good work; last year there were 78,953 attendances; but many of the cases treated require hospital management, and cannot be fairly attended to at their own, often squalid, homes. The medical officers of the institutions have greatly felt the inconvenience and disappointment of having to send such cases to institutions where they would be out of their observation and under different treatment; while the necessity of such a course has been of injury to the cause of Homœopathy amongst us; *mais Mr. Tate a changé tout cela.*

The central dispensary, known as that of Hardman Street, will have its local habitation and name submerged in that of the new hospital; the plans show admirable accommodation for all the needs of busy and scientific dispensary work. At present our allopathic friends must confess concerning Homœopathy in our midst—"it moves."

Mr. Hurndall has occupied two nights of our Medico-Chirurgical Society with a paper on "Tuberculosis in Animals and its Transmissibility to Man;" his statements were illustrated with numerous pathological and microscopical specimens. An interesting discussion followed the second paper, during which the probability of such transmission was accepted, and an opinion expressed that it was urgently necessary that the subject should be thoroughly and scientifically investigated by medical men, and especially by those who superintend the health and the food supply of large districts.

That epilepsy is a very unsatisfactory neurosis to treat, even to homœopaths, was the conclusion arrived at after Dr. Drysdale's paper at the last meeting of the Homœopathic Medico-Chirurgical Society. The paper was entitled "Clinical Notes on Epilepsy and Slow Pulse." Dr. Drysdale stated that he had had some cases of epilepsy under close observation for many years, and that when the disease was confirmed and long-standing, he was doubtful of therapeutic cure; cases that he had believed cured were often found under other treatment when he hunted them up in after years; he saw no objection to making use of the bromides as palliatives where other benefit could not be afforded. Several of the younger members of the Society believed they had frequently cured epilepsy; and one or two declared that where they could afford little benefit by homœopathic

treatment, they would not give their patients palliative drugs such as the bromides, the sufferers could go and get that from others, their patients must get well *similibus* or go elsewhere. Surely this is reversing the safe rule, "Firstly a physician, secondly a homœopath," which guides the older and more experienced members of our body.

H.

Liverpool, April, 1885.

ALLOPATHIC HOMŒOPATHY.

"*Gleams of a fruitful suggestion.*"—JONATHAN HUTCHINSON, F.R.C.S.

[Under this heading we intend to give from time to time well-marked instances of homœopathic practice (wittingly or unwittingly performed) as related in the allopathic journals.]

CARBOLIC ACID IN DYSPEPSIA AND VOMITING.

"In reading Dr. Lauder Brunton's learned and exhaustive lectures in the *British Medical Journal* on indigestion, I have been particularly struck with his remarks on a form of hyperesthetic pyrosis, or, if I may venture to coin a phrase, subjective acidity. I would presume, in this connection, to call attention to the results of the administration of *Carbolic Acid*. I have for a long time particularly noticed its sedative, anaesthetic, and curative action on the mucous membrane of the eye; and, by analogy, I was some time ago tempted to try it in indigestion, associated with tenderness of the stomach, acidity, and flatulence.

"In most instances the result was very striking, cases which had proved very intractable yielding immediately to its influence. I used it of the same strength which I have always used for the eye—that is, 2 minims to the ounce of water, usually with the addition of 5 grains of carbonate of soda, and 25 minims of aromatic spirit of ammonia. I have also found it very useful in the dyspepsia of tea-bibbers. If any one should be induced to act on this hint, I should be glad to hear the result.

"J. F. DIXON, L.R.C.P. Lond., Bournemouth."

—*British Med. Jour.*, March 7.

"I have lately treated several cases of indigestion with *Carbolic Acid*, and the results have in each instance been so fortunate that I am anxious to add the results of my experience to those of Mr. Dixon. I have found it most useful in that form of dyspepsia known as fermentative, accompanied by constant sour rising and eructations of gas, with pain after meals, and discomfort even after drinking milk or cocoa. My attention was first directed to it by Dr. Fenwick, who gave the glycerine of *Carbolic Acid* (one part of crystallised *Carbolic Acid* to four parts of glycerine). The dose is from 5 to 10 minims in mint-water or other convenient vehicle. As it mixes well, I think it a more safe and elegant form than a solution of the acid in water only. When there is much pain of the stomach after food, I have found it useful to add 5 or 6 minims of the liquor opii sedativus to each dose; and when there is want of tone in the seat of digestion and bad appetite, 5 to 10 minims of the tincture of *Nux Vomica* will often be found serviceable. I have found these remedies also very valuable in the above combination in cases of pyrosis, where, I think, the sedative influence of the *Carbolic Acid* on the mucous membrane is far more useful than the *Bismuth* one usually given in such cases. It is an interesting subject of inquiry whether the *Carbolic Acid* acts by arresting fermentative changes in the

stomach, or by its well-known anaesthetic influence on mucous membranes. I have long given one-grain pills of this remedy in cases of vomiting from various causes, and have rarely found it fail to arrest it. In some of these cases there was no fermentative condition of the contents of the stomach ; some of them were cases of reflex vomiting ; yet all were, with few exceptions, greatly benefited. It would be desirable that the subject should be still further discussed by those who have had experience of the drug.

"EDWARD BERDOE, M.R.C.S., L.R.C.P.Ed., etc."

—*Ibid.*, March 21.

Dr. Dixon may think the curative action due to anaesthesia, and Dr. Berdoe may prefer to explain it as antiseptic ; but if these two gentlemen would perform the simple experiment of taking the same medicine when they are well, they would find another explanation possible. Compare with the above the following proving :—

"Dr. C. H. Haeseler on June 21st took two doses—first of one drop, second of five drops—of pure acid in glycerine and water. Next day took ten drops, and on 23rd twenty drops. *Each dose produced to a greater or less degree the features of acute dyspepsia.*"—*Cyclopaedia of Pathogenesy*, p. 7.

But the power of *Carbolic Acid* to cause vomiting and disorder of digestion is well known. Drs. Dixon and Berdoe were practising Homœopathy without knowing it ; and as to looking to the power of the drug to cause the disorder for any hint of its power to cure the same, that is the very last thing they would think of.

PROVINGS AND POISONINGS.

A PATHOGENETIC RECORD.

AMYL NITRITE.

THE following unintentional provings of *Amyl Nitrite* will call to mind the famous *Nitrite of Sodium* experiments instituted on patients by Drs. Ringer and Murrell, reported in the *Lancet* of November, 1883 ; they show that, like the latter, *Amyl Nitrite* has the power of producing epileptiform attacks, and a condition closely resembling certain cases of angina pectoris. Dr. Ringer's naïve remark, which we have italicised, at the end of the passage, indicates clearly enough the homœopathic relation of the drug to the diseases it is given to cure. At the same time we must say that this violent method of drug-administration is no credit to medicine and has no sanction from Homœopathy. Our forefathers used to dignify it by the name "heroic." It should more properly be called brutal.

Hypodermic Injection of Amyl followed by Epileptiform Convulsions.

Dr. Sidney Ringer has noticed the occasional action of the *Nitrite of Amyl* upon the heart, and the strange effect sometimes produced upon the nervous centres. He says : "I have seen one case where a woman immediately after a drop dose turned deadly pale, felt very giddy, and then became partially unconscious, remaining so for ten minutes." And again : "A delicate woman, after one-thirtieth of a drop, passed in a few moments into a trance-like state." In a case described by Dr. Strahan, a chronic maniac aged fifty-

three had suffered for several days from severe lumbago ; a ten-minim dose of a 10 per cent. solution of *Nitrite of Amyl* in rectified spirit was injected hypodermically. "Immediately after the injection the pain disappeared. He got up from the bed, and at my request stooped and touched the floor with his fingers. In, as nearly as could be guessed, about a minute and a half, he suddenly became deadly pale and sank back upon the bed." Then his face, head (bald), and neck became congested, and he was strongly convulsed for about half a minute. The convulsion affected the face and arms strongly, the legs slightly. The teeth were ground, and the breathing was suspended. In a few minutes, after coming out of this fit, he was attacked by a second one, during which the heart's action became very faint. He was made to inhale some chloroform, and the fits did not return. The lumbago entirely disappeared. *This observation is interesting, as inhalations of Nitrite of Amyl have been recommended, both in this country and in Italy, to check the recurrence of epileptic convulsions.* (*Journal of Mental Science*, July, 1884, quoted in *Practitioner*, December, 1884.)

ANTIPYRIN.

We cannot too strongly condemn the senseless practice of "knocking down" temperatures in typhoid fever, now so much in vogue in hospital practice, when the temperature is not at all dangerously high. One of the newest drugs used for this purpose is called *Antipyrin*. It is described chemically as being dimethyl chininin. The following case, taken from the *Lancet*, February 28th, illustrates the practice we have mentioned. It is said that, "as a rule it (*Antipyrin*) appears to be a drug which is not followed by unpleasant symptoms, though vomiting, a peculiar exanthematous rash resembling measles, and, as in the case referred to by Mr. Blore in his remarks, collapse have followed its use. *Antipyrin* is a very valuable means of reducing the temperature, and the frequency of pulse and respiration, in fevers and febrile diseases, the effect being prolonged from ten to twenty hours."

The case reported was that of a woman aged thirty-five, suffering from blood-poisoning simulating typhoid fever. The temperature never rose above 103·6°, but on the third day of her being in the hospital (Leeds Fever Hospital), the temperature then being 103·6°, 35 grains of *Antipyrin* was administered at 3 p.m., followed three hours later by half the quantity. At 6 p.m. the temperature was 98·4°, the patient pale and still, her pulse feeble and rapid. She passed a restless night, had diarrhoea and vomiting; skin cool and perspiring; temperature 98° the following morning. She died in collapse at 11 p.m., thirty-two hours after taking *Antipyrin*. In the last half-hour of her life the temperature rose again to 100·6°. Mr. Blore, the resident medical officer of the hospital, who reports the case, appends the following very candid note :—

"It is recommended by those who have had most experience of the drug that 30 grains be given as often as every hour for three doses, or a single dose of 60 grains, in either case much more than the patient in question took. In the case of other adult patients here single doses of 20 or 30 grains have produced only a temporary remission, the temperature having resumed its former height within four hours. It was with the view of preventing this rise that the second smaller dose was ordered to be given three hours after the first. This object was certainly effected, but unfortunately no improvement, but the reverse, took place in the other symptoms, and collapse ensued. The chief attribute urged in favour of *Antipyrin* is that dangerous symptoms never follow its use. May alone (*Deut. Med. Woch.* 1884) men-

tions a case of collapse after *Antipyrin*, but is uncertain whether to attribute the collapse to the drug or to the course of the disease. In the case above described, though the patient was undoubtedly very ill, there can be no question that the extreme depression accompanying the fall of temperature was directly due to the action of the drug."

We entirely agree with Mr. Blore that the patient died from the effects of *Antipyrin*,—*secundum artem*. There was not the least necessity for violent reduction of the fever in the case, as the temperature was not high. We do not attach any blame to Mr. Blore in this case; he only followed the foolish and dangerous practice of the day. We think, on the contrary, that he has done a very wise and manly thing in publishing it as a warning to others. The following from the *Practitioner* (February) shows the action on the skin mentioned above.

Eruption following the use of Antipyrin.

Dr. Paul Ernst reports two cases of an eruption caused by the internal administration of *Antipyrin*. The two patients were a boy and a woman, aged respectively ten and sixty-seven years, yet the eruption was so nearly alike in both cases that there could be little doubt that the same cause was at work. The eruption consisted of little irregularly rounded pimples lying close together, and in some places confluent so as to form patches of greater or less extent, between which the skin was normal, thus giving a marbled appearance to the surface. After about five days the eruption began to fade and to assume the character of a brownish pigmentation, and in the old woman there were some faint evidences of desquamation. Traces of the eruption were still visible at the end of two weeks. The eruption was thickest over the body, and on the extremities the extensor surfaces were more covered than the flexor surfaces. In the boy there was some oedema of the face, but in neither case was there any eruption on the head or neck, although the palms of the hands and soles of the feet were not spared. There was some itching in the case of the woman, but the boy did not complain of this. The eruption ran its course and disappeared, although the administration of the *Antipyrin* was not interrupted. The writer explains this by supposing that the system acquired a tolerance for the drug. On this account he advises a continuance of the remedy where its use is indicated, despite the eruption. In a postscript Dr. Ernst states that he has observed three other cases of an exactly similar nature. (*Centralblatt für klinische Medicin*, August 16, 1884.)

DIETETICS.

MALT AS FOOD.

By J. MILNER FOTHERGILL, M.D.

MALT as food has a great future before it. In the process of malting (which is a rapid germination) a distinct change is brought about in the seed. By the action of the diastase the insoluble starch is converted into soluble dextrine, which goes sweet in the mouth, so near maltose is it. The malt-combings, which are too rich in albuminoids for the brewer's purposes, are useful when malt is looked at as a food. Malt contains dextrine (some diastase), soluble albuminoids and phosphates, and when ground is an admirable food,

while it is not expensive. Its taste is pleasant. It can be made into a pudding with an egg and some milk, and as such is palatable. It can be made a constituent of a milk pudding with advantage. When the brewer mashes his malt with hot water the diastase remaining in the malt converts the dextrine into maltose, which the yeast (next added) breaks up into alcohol and carbonic acid gas. The best white malt is not heated to more than 190°, as the diastase is acted upon injuriously by a heat above that point. Maltose is a sugar which does not readily undergo the acetous fermentation, and therefore, as Dr. Mitchell Bruce points out in his "Materia Medica and Therapeutics," "will not give rise to acidity and dyspepsia." This is a great matter, as the cane sugar the cook adds to stewed fruit and milk puddings readily undergoes the acetous fermentation in many stomachs. The laevulose sugar of fruit, like maltose, readily undergoes the alcoholic but not the acetous fermentation. Maltose being less powerfully sweet than cane sugar, a greater quantity is necessary to sweeten the pudding. If the raw starch, semolina, sago, or tapioca be first put in the dish by itself, and placed in the oven for an hour (taking care not to have it burnt by the oven being too hot), not only are the starch cells cracked, but a certain conversion of the starch into dextrine takes place. If to this be then added an equal quantity of ground malt and some hot milk poured on, and the dish be allowed to stand a few minutes before being put into the oven again, the diastase of the malt acts upon the farina and converts it into dextrine and maltose. Dextrine and maltose being soluble, the pudding is very thin. Such a pudding is admirably adapted for invalids and dyspeptics, as requiring scarcely any digestion in the body. For those with whom ordinary milk puddings produce acidity, such a pudding is specially suitable. Ground malt may be added to fresh milk, and forms an admirable food in cases of acute disease. Baked flour perhaps goes better with meat broths, to which it gives a high food value. (Well-baked flour requires but a touch of saliva to render it soluble, and, added to meat broths and gravy soups, renders them very nutritive.) Malt, being sweet, goes better with milk, or apple-water, or tamarind-water, or lemonade, and gives us a food which, being all but independent of the digestive act, can be most usefully employed in the sick-room. Beef-tea (which alone is scarcely a food) and milk-and-seltzer-water pall upon the palate of the sick person, who craves variety just as do healthy persons. The adoption of ground malt as a food will solve for us one or two knotty questions connected with feeding people when the digestive power is feeble. Drincks like lemonade, made with malt instead of cane-sugar, would not only not go sour in the mouth and stomach, but would contain some phosphates and soluble albuminoids, and so form admirable beverages in pyrexial states. The many malt extracts now in the market are well adapted for such end.—*Lancet*.

REVIEWS OF BOOKS.

A CYCLOPÆDIA OF DRUG PATHOGENESY.¹

WE welcome the appearance of the first part of this most important work. After surmounting difficulties of no ordinary proportions, the two Societies arrived at a general agreement as to the best means of going to work, and the volume before us is the first-fruits of their united endeavours. As its name implies, the work is designed to present the results of provings and poisonings with all medicines, in alphabetical order, giving the effects in the order of their occurrence as related by the provers themselves or the original reporters. Hitherto this information has remained scattered throughout innumerable books and journals, and when collected, as in Allen's *Cyclopaedia*, has been cut up into schema form, the individual symptoms being separated from each other. In the present volume we find all the effects given in proper sequence and connection; and we cannot imagine any professional reading more delightful to an experienced homeopathist than is here afforded. With his mind stored with a knowledge of drugs gained from a perusal of the ordinary schematic *Materia Medicas*, and from his own experience of their use, he will find here the original observations on which all his experience has been built up. He will, in short, trace his knowledge and his art to their source. According to the original agreement, no provings made with dilutions higher than the 6th centesimal are admitted. This was a necessary rule; and those who are dissatisfied with any limit at all having been imposed will be able to collect accounts of provings made with higher dilutions, if they are so disposed. Such a work would be of great interest, and might prove of no little use. In dealing with such a vast amount of material the editors have felt compelled to resort to condensation. The second rule provides for this; it runs: "Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows." This is a part of the work which requires the greatest judgment. Words and phrases are most difficult things to deal with, as the existence of the legal profession can answer for; and the slightest alteration is sure to cause an alteration of the sense in the eyes of some one. In our eyes, we confess, the condensation has been done at the cost of completeness. We would lay it down as a canon, that this work, with all the talent and industry that is being spent upon it, and all the care to consult original sources, should render it for ever unnecessary for any one to consult those sources when they have the *Cyclopaedia of Drug Pathogenesy* in their hands. Judged by this standard, we find the specimen before us in certain particulars sadly wanting. So far as the editors have confined their condensing to the omission of articles and parts of the verb "to be," and the substitution of "r" and "l" for "right" and "left," and a few other abbreviations of the kind, their condensing is perfect. But when they have

¹ A Cyclopædia of Drug Pathogenesy. • Issued under the auspices of the British Homeopathic Society and the American Institute of Homeopathy. Edited by Richard Hughes, M.D., and J. P. Daké, M.D. Part I.: *Abies—Agaricus*. London : Printed by J. E. Adlard, Bartholomew Close, E.C. 1885.

gone beyond this they have, in our opinion, gravely impaired the value of the matter. We will take a few examples. Here are three observations :—

- (1) Bright flush and heat on both cheeks, especially the left, from drinking vinegar. In another prover bright red flush on both cheeks, and spots of perspiration on the forehead, from drinking vinegar. (Berridge.)
- (2) Miss —— says that whenever she tastes vinegar her face gets red and feels hot, with perspiration on it. (Berridge.)
- (3) A young married lady, florid complexion, told me in 1860 that each time after partaking of pickles made without spices she got a very much flushed face, lasting for hours. (Hering.)

In the *Cyclopaedia* these are condensed as follows :—

"Berridge records three cases, and Hering one, in which vinegar habitually produced flushing of face. In one case this lasted for hours; in two heat accompanied, in one of these and one other perspiration."

Now we maintain that this condensation makes all the difference between a living plant in full bloom and a dried specimen in a herbarium, with some of the characteristic parts of the plant left out. We are not told that the flush was a bright one, that in one case the left cheek was more affected than the right; we are not even told where the perspiration was, though in one case it is particularly stated that it was "in spots on the forehead." We maintain that in diagnosing between *Acetic Acid* and some other drugs these peculiarities might prove of the utmost importance. Again, in the first proving of *Aconitine* by Dworzack, this symptom is omitted: "Its taste was intensely bitter, and lasted a long time; and even when the bitterness had disappeared, after large doses had been taken there still lingered for a short time on the lips and tongue a biting burning sensation." And in the third proving (by Hottot) this important note:—"The doses have been carried successively as far as three milligrammes. It is the symptoms experienced after this dose that I am about to set forth":—is "condensed" into—"almost immediately after taking three milligrammes"—in which the actual amount taken is misrepresented. In the condensation of the 11th proving of *Carbolic Acid* there is nothing said of the sex, age, or temperament of the prover, and among other symptoms of importance the following are left out:—

"Pain and dragging feeling in the stomach and low down in the abdomen; a compressed feeling across the lower end of the sternum; noticed that he yawned now and then and took long inspirations. . . . He complained afterwards of the heat and closeness of the room, though that was airy, and the thermometer at 70° F. Notwithstanding this feeling his pulse was normal. . . . Choking feeling in the throat, and disposition to hawk up phlegm. Appears morose and much less brilliant in conversation than usual."

The above cases must not be taken to represent the general character of the work done; but neither do they exhaust the category of faults of the kind that might be given. And we contend that in a work of the first importance, as this is, they should have no place. We say this because we wish to help the workers in their efforts; for we hope they will press on heartily with their labour of love, and that Part II. will show to better advantage in these respects.

In another direction we think condensation might have been carried

to a greater extent with advantage. The desirability of admitting experiments on animals into a work of this kind may be doubted; but, once granted, we have no objection to seeing reproduced definite observed effects. But we do strongly object to wasting valuable space in reproducing experiments on mutilated animals. These are not *pure* effects. And we object more strongly still to giving any space to the theories of experimenters. These are not drug-pathogenesey, but rather the effects of the experiments on the brains of the experimenters. All theorising about problematical effects on hypothetical centres should be rigidly excluded. And whom it can advantage to be told (as we are on p. 127) that *Aconite* and *Aconitia* "have no direct influence on the heart" as a conclusion "from numerous experiments," and then, a few lines farther down, "*Aconitine* disturbs the functions of the heart by acting on the cardiac substance itself," as a result of numerous other experiments, we are at a loss to know.

But, in spite of our strictures, we feel bound to offer our hearty congratulations to the two Societies, the consultative committee, and especially the editors, on the exceedingly valuable and presentable volume they have produced. It is excellent; but it might be, and ought to be, and we trust the future numbers will be, of even much greater excellence. As it is, no homœopathic practitioner ought to be without a copy.

In conclusion, we venture to suggest to the editors that all the MSS. of the workers, translations from original sources, etc., should be carefully preserved *in their uncondensed state*. They would then be available for reference and use by future workers on such publications, for example, as those produced by the Hahnemann Publishing Society.

A REPERTORY TO ECZEMA.¹

IN a small volume of forty-three pages, the right-hand pages only being printed on, the opposite ones being left blank for annotations, Dr. Millspaugh has given a repertory of all medicines found generally useful in that exceedingly troublesome disease, Eczema. It was compiled, he tells us, as an office companion; and he found it so useful that he determined to make it available for his brother practitioners. Dr. Millspaugh has been very well advised in taking this step. The matter is admirably arranged, and the little work is sure to prove a real help to all who are called to treat eczema: and what practitioner of medicine is not?

¹ Repertory to Eczema. By Charles F. Millspaugh, M.D., Binghamton, N.Y. New York: A. L. Chatterton Publishing Company, 1885. London: Homœopathic Publishing Company.

GENERAL CORRESPONDENCE.

[*By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.*]

To the Editor of the Homœopathic World.

DR. PROCTOR ON THE THIRST SYMPTOM OF ARSENICUM.

SIR,—Referring to the controversy between Drs. Hughes and Berridge, I cannot help expressing my regret at the tone of Dr. Berridge's letter in your last number. Those who know Dr. Hughes and are aware of his labours in our cause must feel that such personal attacks are misplaced. If Dr. Berridge could only subdue his Euphorbiaceous acridity a little, and keep the scientific element in the controversy a little more to the front, we should all be the gainers.

The symptom in question is of real importance, and something more than mere personal attack and defence should come of the controversy. Without pretending to come to the aid of Dr. Hughes, who is well able to defend himself, some side lights may be thrown on the subject that may tend to make it clearer.

It may be admitted at once that the thirst for small and repeated quantities of water is a well-attested symptom and confirmed by clinical experience, but this does not preclude the opposite one of thirst for large quantities. This opposition of symptoms is common enough in our pathogeneses, and in the instance before us it is of practical value as pointing, in my opinion, to two phases or degrees of arsenical effects, corresponding to the local and the general action of the medicine. Dr. Hughes points this out in the February number, but as it may be lightly passed over whilst it is of the greatest importance, I would direct further attention to it. Dr. Hughes says, "Desire to drink, but inability from the irritable state of the stomach to take more than a small quantity at a time, is a frequent symptom of gastritis, and so might truly call for *Arsenicum* when present; while inflammations occurring elsewhere, and in general fevers, the thirst may be as insatiable as possible without forbidding its employment." This, I think, is amply supported by experience. It must be familiar to all of us to meet with gastric inflammation which perpetually calls for cooling drink, but where only the smallest quantity of fluid of any

kind can be borne. In such cases the indication of the symptom that Dr. Berridge wishes to lay exclusive stress upon comes in appropriately. But take the case of inflammatory fever having a typhoid tendency, with dry tongue and very considerable thirst; it is one of the most successful bits of practice to see how the tongue moistens and the pyrexia abates under *Arsenicum*. So successful is this treatment that if the thirst for large quantities were not under *Arsenicum* we should be justified in saying that it ought to be.

It is obvious that in pyrexia, when every cell is clamouring for its supply of water for physiological purposes, the sum total of the demands of the system must be very considerable. As *A. senicum*, besides being a local irritant, is pre-eminently a fever-producer, we should *a priori* expect to find in its fever symptoms a desire for large quantities of water. In cholera, again, where *Arsenicum* is often useful, the demand for water is excessive; this time, however, not from the pyrexia, but the draining off of the fluids of the body. In each case there is a great systemic demand, and *Arsenicum* may be found to fit exactly.

It is evident that in local affections the demand for water must be limited, setting aside the intolerance of the stomach for large quantities when it is the seat of the irritation.

There is an interesting experiment bearing on this point related by Grauvogl. Wishing to try the effects of the different dilutions of *Arsen.*, he began with the 30th decimal, putting twenty drops of the tincture into half a pint of water, and taking a tablespoonful four times a day. He says: "On the second day I observed, not having an unsound spot in me, nothing but an unusual thirst, which, however, I attributed to my bodily exertions, the weather being at the time very warm; but at the close of the third day this peculiar sensation of heat in the mouth rose to such a pitch that I was obliged to drink water the whole evening uninterruptedly, without being able in the least to allay the thirst. As this irresistible longing frequently disturbed my sleep at night also, and continued undiminished next morning, I was obliged, for the want of any other cause, to ascribe it to the influence of the *Arsenic*, and I terminated the proving. This thirst did not disappear till the end of two days. After eight weeks I proved upon myself the tenth decimal attenuation in the same manner. On the second day even I felt weary and averse to all bodily effort. This weariness increasing, on the third night I hardly slept at all, and on the fourth

night I could not close my eyes, without being able to discover any other reason for it than the effect of the *Arsenic*. On the following day there was added to this the tormenting precursor of the *Arsenic* thirst, already well known to me, and I was convinced enough that these phenomena could only be ascribed to the influence of the *Arsenic*.

"Twelve weeks later, having taken the third decimal of *Arsen.* as above, I felt on the very first day a rumbling in the bowels, to which on the second day were added severe pains in the bowels, with diarrhoea and inclination to vomit, which induced me to close this proving also."

It is important to notice that the higher attenuation developed the excessive thirst solely ; the lower one weariness and loss of sleep in addition ; and it was only when the 3rd dec. was taken that any local effects were noticed, and here there is no mention of thirst. If it were present it is in the highest degree probable that it would have been for small and repeated drinks.

Grauvogl says he was obliged to drink water uninterruptedly for the whole evening, and Dr. Berridge may regard that as "little and often," in the same way that he would reduce the quantity in the proving in "Allen," where "the thirst was so violent that he drank eleven jugs of water in half a day." No mention is made of the size of the jugs, but we may fairly suppose they were of an ordinary capacity, and eleven jugs at this computation would indicate a thirst that was more than could be satisfied by a sip at a time.

The terms "excessive thirst," "unquenchable thirst," "burning thirst," "constant thirst," "intense thirst," are recorded in Allen under *Arsenicum*, and in practice we generally find such symptoms in conjunction with the desire for large quantities of water ; and *Arsen.*, other indications fitting, will meet the case. In my own person an attack of gastric catarrh, accompanied with fever and dry tongue, was speedily cured by a few doses of *Arsen.*, although the thirst was not for a teaspoonful, but a tumblerful of water at a time.

It would therefore seem highly probable that Dr. Hughes is right in extending the range of *Arsen.* beyond the limits to which Dr. Berridge would assign it. Clinical experience is on his side, and your readers must judge whether pathogenetic indications are wanting.

Yours, etc.,

P. PROCTOR.

[This letter should have appeared in our last issue, but was left out from want of space.—ED. *H. W.*]

Obituary.

THE RIGHT HONOURABLE THE EARL CAIRNS, P.C.

IT is with deep regret that we announce the death of this estimable nobleman. On the 2nd of April, after an illness of only a few days' duration, Earl Cairns died at his residence, Lindisfarne, Bournemouth, in the sixty-sixth year of his age. His health was never robust, and the weakness of his chest compelled him to seek residence in the south of England, and occasionally he had been obliged to winter abroad. The fatal chill was taken whilst out riding. He was caught in a shower of rain and chilled by the keen east wind which has tried so many of late. Congestion of the lungs followed, and all efforts to save him proved unavailing. The funeral took place on Wednesday, April 8th, at Bournemouth. The remains of the late Earl were laid to rest in the Bournemouth Cemetery. The coffin bore the inscription; "Hugh McCalmont, first Earl Cairns. Born December 20th, 1819. Died April 2nd, 1885." The tradesmen of Bournemouth closed their establishments during the afternoon in order to allow their assistants, who are members of the Young Men's Christian Association, to attend. About eighty boys from Dr. Barnardo's Home acted as a guard of honour at the cemetery.

Earl Cairns was prominent in all good works; and his name will be remembered as that of a Christian philanthropist as well as that of one of the most distinguished Lord Chancellors of England. For years he had been an adherent of the system of Hahnemann, and was a warm supporter of homeopathic institutions. At the time of his death he was President of the London Homeopathic Hospital and also of the Hahnemann Convalescent Home, Bournemouth. Of the latter institution he has been president from its opening, and he was one of its most bountiful supporters.

THE COUNTESS OF SELBORNE.

WITHIN a few days of the death of Earl Cairns, his successor on the woolsack, Lord Selborne, suffered the heaviest of bereavements. Lady Selborne died on Friday evening, April 10th, at the family residence in Portland Place, also of congestion of the lungs. We understand that the chill was taken whilst working among the poor in the east end of London. The present, like the late Lord Chancellor, is a warm adherent of Homoeopathy; and, but for the heavy blow that has fallen upon him, would in all probability have been asked to succeed Earl Cairns as president of one of the institutions now mourning their loss.

REPORTS OF INSTITUTIONS.

NOTES OF THE LONDON HOMEOPATHIC HOSPITAL AND MEDICAL SCHOOL FOR THE MONTH OF APRIL, 1885.

THE most notable event of the month is the lamented death of the President of the Hospital, the late Earl Cairns, which we have noticed elsewhere.

The annual report of the Board of Management, now in preparation, will apparently be one of very great interest. Perhaps the most interesting feature from the medical point of view is the fact that during the year ended 31st March, 1885, a much greater number of in-patients have been treated than in any previous year of the history of the institution, the total reaching 656.

The number of patients in the Hospital has varied during the month from 59 to 65. During the past four months the daily average has been about 60, showing that enlarged accommodation and increased funds have rendered possible a more extensive work, of which the executive have gladly availed themselves.

As the summer approaches, a want which was sorely apparent in the Hospital work last year is likely to be again felt—namely, the want of a suitable hand-carriage for taking the children in the Hospital for a daily constitutional. Some of the little patients can walk, and as to them there is no difficulty. But no class of patients get more benefit from fresh air than spinal or hip-joint cases, and it is precisely these cases for whom the accommodation needs to be increased. By the liberality of a friend to the Hospital an elegant baby carriage was presented to the Hospital last year, and many little ones have enjoyed a comfortable airing by its aid. Recently also a spinal carriage has been specially made to the order of a lady whose gifts to the Hospital are munificent, and this gift will render good service. Still there is need for another; and no more suitable gift to the Hospital could be made than a spinal carriage specially made to suit the requirements of the little patients who from time to time are admitted suffering from that disease.

The resignation by Dr. Lang of his post as medical officer in charge of out-patients leaves a vacancy on the staff which it is hoped will soon be filled up. The out-patient work at the Hospital is growing year by year, and offers a good field for general practice.

The enquirers at the Medical School into the practice of the Hospital and the homeopathic system have recently been on the increase, and although the lectures have not commenced for the summer session, a number of medical students and practitioners have availed themselves of the facilities afforded by the Medical School for studying the practice of Homœopathy in the wards. The Indian students and members of the profession on visits to England from America seem particularly interested, and gladly attend the clinical instruction in the wards and the practice in the out-patient department.

The average number of nurses sent out during April by the Hospital to nurse invalids at their residences under homœopathic practitioners amounted to twenty-one daily. It is quite unnecessary to remind those acquainted with the Hospital that this is a great advance beyond the numbers of previous years. The action of the

governors and subscribers in providing by the new wing for an increase in the staff of trained nurses, is therefore amply justified by the increased demand. The number still seems likely to prove inadequate, at certain seasons of the year, to the requirements of medical men in London and the provinces, a fact which speaks volumes for the excellence of the training and the value of the nurses to the medical profession and their patients.

HAHNEMANN CONVALESCENT HOME AND HOMEOPATHIC DISPENSARY, BOURNEMOUTH.

We have received the Sixth Annual Report of this flourishing institution, and are glad to find it a most favourable one. Since its issue the institution has suffered the irreparable loss of its first president, the Earl of Cairns; but the report bears no shadow of the coming trouble. The committee congratulate the governors and subscribers on the munificent support given to the institution, which has enabled the authorities to nearly double its size, making it capable of accommodating more than double the number of patients formerly accommodated. It now holds thirty, whereas twelve was the limit before. The following is the medical report for the year 1884:—

"During the year 1884 sixty patients have been under treatment in the Hahnemann Convalescent Home. Of these ten were in the Home at the beginning of the year, thirteen were admitted from this date to the closing in May, and thirty-seven more have been received from the reopening of the Home to the end of the year. Several cases have received a second nomination. Thirty-two were women, and twenty-eight men. Most of the cases have been phthisis, bronchitis, and general debility. A good number of those admitted have come from the immediate neighbourhood of Bournemouth, but the following list of counties will give an idea of the distances from which patients have been received during the past year:—Armagh, Bedford, Cheshire, Devon, Dorset, Durham, Essex, Gloucester, Hants, Leicester, Middlesex, Oxford, Somerset, Suffolk, Surrey, Warwick, Worcester, York.

The number of patients at the Dispensary will sufficiently testify what a boon this department is to the place and neighbourhood. As in previous years they have some from places for several miles around.

There were

Remaining on books from 1883	...	56
Admitted during 1884	...	780
<hr/>		
Total	...	836

Of these 68 were treated at their own homes, and 708 visits paid to them. There were 2,102 separate attendances at the Dispensary.

The following will show the results of treatment:—

Recovered	...	...	...	...	330
Relieved	...	...	...	...	207
Unimproved...	...	...	...	...	29
No report	...	...	...	...	150
Dead	...	...	...	...	2
Under treatment	...	...	...	...	62
<hr/>					
Total	...	...	...	780	

The cases which died were : (1) girl æt. 15, Acute Endo- and Pericarditis ; (2) man, æt. 44, Bright's disease.

HERBERT NANKIVELL, M.D.

WILLIAM G. HARDY, M.B.

GEORGE FROST, L.R.C.P. Lon., M.R.C.S. Eng.

This Convalescent Home is situated on the West Cliff, Bournemouth, in an exceedingly healthy situation. It is intended for both male and female patients, and contains thirty beds.

All communications are to be addressed to the Hon. Secretary, Hahnemann Convalescent Home, West Cliff, Bournemouth.

SUSSEX COUNTY HOMEOPATHIC DISPENSARY.

(FOUNDED IN MEMORY OF DR. HILBERS.)

AT the monthly meeting of the Board of Management, at the Board Room of the Institution, No. 29, Richmond Place, on Wednesday, it was announced that the Right Honourable the Earl of Scarborough had kindly consented to be the Vice-Patron of the Institution, in the room of his noble and highly esteemed father, the late Earl of Scarborough, and to continue the annual subscription promised by the late Earl.

The Honorary Secretary stated that he had great pleasure in reporting that he had received from a gentleman, who has from the commencement shown the most lively interest in the establishment of the Dispensary, the handsome sum of £100, as a donation to the funds.

The subject of the very limited accommodation at the Dispensary was taken into consideration, it appearing at times the attendance is so great that the poor have to wait outside the building. The house next door, belonging to the same landlord, being to let, the honorary solicitor put himself in communication with the agent on the subject, and the Board, after mature consideration, determined to take the adjoining house, finding the necessity of the case required it, and that the kind and liberal support they have received justified them in extending their accommodation.

The Treasurer reported that since the last Board meeting £300, part of the balance in hand, had been invested in Consols, leaving £240 at the bankers'. £94 3s. annual subscriptions have been received for this year. £21 1s. 6d. has been paid for tickets by the poor, which with the £100 referred to by the honorary secretary (after deducting bills paid, £6 10s. 6d.) leaves a balance of £448 14s. 9d. in the bankers' hands at the present time.

Donations and subscriptions will be thankfully received by the honorary secretary, Dr. Belcher, 12, Pavilion Parade, or the treasurer, Mr. Harries, 29, Wilbury Road, Brighton.

VARIETIES.

A NEW SOURCE OF SULPHUR FOR SULPHURIC ACID.—One of the greatest of modern chemists, the late Professor Dumas, once said that the degree of civilisation or of prosperity to which any country had attained might be measured with tolerable accuracy by the quantity of sulphuric acid consumed in that country. We never had any doubt of this. In fact, no one can fail to see that everything upon which our modern comforts depend is based upon sulphuric acid. The whole of pharmacy, medicine, industrial chemistry, and a thousand branches of manufacture, would dwindle away to a mere nothing compared to what they actually are if we were deprived of it. But as civilisation goes on increasing, more and more sulphur is consumed to form sulphuric acid. If we put aside the sulphur mined in Sicily, and the vast deposits not yet worked in Iceland, we really do not know where any abundant supply of this valuable substance is to be looked for in nature except in deposits of iron pyrites or mundic now worked in Norway and Spain on an extensive scale, as well as in some parts of America and Ireland. But such deposits do not appear to occur very frequently on the earth's surface. Meantime we are extracting sulphur from the soda residue, and so working it over and over again in the form of sulphuric acid. In spite of this wonderfully ingenious undertaking, the importance of which will increase as years roll on, we notice with some pleasure that an important discovery of sulphur has been made in the little island of Saba, about 110 miles south-east of St. Thomas. It is a volcanic island, that is, of volcanic origin, eleven miles in circumference, and rises 2,800 feet out of the ocean. The sulphur as mined in Sicily averages about 30 per cent. of pure sulphur; that of the island of Saba is said to be considerably richer! This island belongs to the Dutch. Of recent years one or two deposits of sulphur have been found in California, and the soil round Clear Lake yields about half its weight of pure brimstone, which is largely worked, and now supplies large manufactories of sulphuric acid erected in the neighbourhood.—*Chemist and Druggist.*

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

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| Buswell (H. F.). <i>The Law of Insanity in its Application to the Civil Rights and Capacities and Criminal Responsibility of the Citizen.</i> (Boston. 31s. 6d.)
Cheyne (W. Watson). <i>Manual of the Antiseptic Treatment of Wounds, for Students and Practitioners.</i> (Smith and Elder. 4s. 6d.)
Dalton (J. C.). <i>Doctrine of the Circulation of the Blood.</i> (Philadelphia. 10s. 6d.)
Delafield (F.) and Prudden (T.). <i>Hand-book of Pathological Anatomy and Histology.</i> (New York. 25s.)
Ford (C. L.). <i>Questions on the Structure and Development of the Human Teeth, for the Use of Dental Students.</i> (Ann Arbor, Mich. 3s. 6d.)
Hamilton (F. H.). <i>A Practical Treatise of Fractures and Dislocations.</i> 7th Ameri- | can ed., revised and improved. (Smith and Elder. 28s.)
Harris (C. A.). <i>Principles and Practice of Dentistry.</i> 11th ed., revised and edited by Ferdinand and J. S. Gorgas. (Churchill. 31s. 6d.)
Hutchison (J. C.). <i>Treatise on Physiology and Hygiene for Educational Institutions and General Readers.</i> (New York. 6s.)
Keetley (C. B.). <i>Students' and Junior Practitioners' Guide to the Medical Profession.</i> 2nd ed. (Baillière. 3s. 6d.)
Klein (E.). <i>Micro-Organisms and Disease. With 108 Engravings.</i> 2nd ed. (Macmillan. 4s. 6d.)
Knapp (Dr. H.). <i>Cocaine and its Use in Ophthalmic and General Surgery.</i> (New York. 4s.)
McLeod (K.). <i>Operative Surgery in the </i> |
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- Calcutta Medical College Hospital: Statistics, Cases, and Comments. (Churchill. 12s. 6d.)
- Page (Herbert W.). Injuries of the Spine and Spinal Cord without apparent Mechanical Lesion or Nervous Shock, in their Surgical and Medico-Legal Aspects. 2nd ed. (Churchill. 10s.)
- Robinson (Dr. A. R.). A Manual of Dermatology. (New York. 25s.)
- See (Germain). Bacillary Phthisis of the Lungs. Translated and Edited for Eng-
- Hsh Practitioners by William Henry Weddell. (Paul, Trench, and Co. 10s 6d.)
- Steavenson (W. E.). Electricity and its Manner of Working in the Treatment of Disease: A Thesis for the M.D. Degree of the University of Cambridge. (Churchill. 4s. 6d.)
- Wills. Prescripta: containing 100 Difficult Prescriptions for Students desirous of Perfecting themselves in the Art of Dispensing. (Wills and Wooton. 1s.)

* * To be continued Monthly.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, etc.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct and return to the Editor as early as possible.

BOOKS AND JOURNALS RECEIVED.

A Cyclopaedia of Pathogenesis.—Dr. Nichol on Larynx and Trachea in Childhood. New York.—Dr. Sterling on Diseases of the Ear. New York.—Dr. Millspaugh on Eczema. New York.—Monthly Homœopathic Review.—New York Medical Times.—Periscope, St. Louis.—Medical Ad-

vance.—United States Medical Investigator.—Clinique.—Medical Advocate.—Revue Homœopathique.—Bibliothèque Homœopathique.—Homœopathische Monatsblätter.—Zoophilist.—Chemist and Druggist.—Vaccination Inquirer.—The Guide.—American Homœopathist.—Revista Homeopática Catalana.—Hahnemannian Monthly.—Revista Argentina de Ciencias Médicas.—Algemeine Homœopathische Zeitung.—Medical Advance.—Medical Visitor.—Medical Advocate.—A System of Medicine based on the Law of Homœopathy. Vol. I.—American Medicinal Plants. Fasc. II.

CORRESPONDENTS.

Communications received from Dr. John D. Hayward, Liverpool; Dr. A. E. Hawkes, Liverpool; Dr. E. M. Madden, Birmingham; Dr. Pullar, Edinburgh; Dr. Vawdrey, Handsworth; Dr. Burnett, London; Dr. Dudgeon, London; Dr. Cash, Torquay; Dr. E. B. Roche, Norwich; Dr. Clifton, Northampton; Dr. Pope, Tunbridge Wells; Dr. Hardy, Bournemouth.

THE
HOMŒOPATHIC WORLD.

JUNE 1, 1885.

THE BRITISH JOURNAL OF HOMŒOPATHY.

FORTY-THREE years ago the orthodox medical practice of the day consisted of bleeding, leeching, blistering, and indiscriminate mercurialisation. This was the "rational medicine" of the day. To prescribe *Aconite* in simple fever, *Ipecacuanha* in vomiting, *Sulphide of Calcium* in suppuration, was then outrageous quackery. To-day we find another state of things. To prescribe *Aconite* in fever, *Ipecacuanha* in vomiting, and *Hepar Sulphuris* in suppuration—provided the dose be not *too* small—is orthodox practice; and he who should dare bleed his patients every spring and autumn, or mercurialise them for every congestion, would now bear the name of quack.

Forty-three years ago three of the ablest men who have ever adorned the medical profession, Drs. JOHN J. DRYSDALE, J. RUTHERFURD RUSSELL, and FRANCIS BLACK, firmly convinced that Homœopathy was scientifically true, determined to do what in them lay to bring their medical colleagues to the same conviction. They resolved to establish a Journal with this object. The Journal should be issued quarterly: it should contain only articles of first-rate merit, such as must command the respect of opponents. It should be called the BRITISH JOURNAL OF HOMŒOPATHY. It was a bold venture, for there were but ten professional adherents of homœopathy in the kingdom at the time; but its bold-

ness was justified by success. Numbers of medical men joined the ranks, and among them some of the acutest intellects of the time; and to-day we find, though the truth of homœopathy is still denied, and HAHNEMANN still unacknowledged, the whole aspect of medical practice is changed, and homœopathy is practised every day by those who consider themselves most orthodox. The credit of this vast change must be ascribed to the devoted labours of the writers in the BRITISH JOURNAL. For forty-two years it continued to appear, supplying original articles, translations from the German and French, and latterly, in summaries of notable articles in the American journals, the treasures of the best experience in homœopathic practice for the guidance and help of its readers; defending the truth of HAHNEMANN's teaching against all attacks, and defending his followers against persecution. And now the editors have felt that the peculiar work of the Journal is done; there are no objections to homœopathy now brought forward which have not been fully met; the scientific truth of the system has been upheld against all attacks; and now such work as remains to be done can be better accomplished by journals of smaller calibre. The number of the Journal which appeared in October last completed the forty-second volume, and brought its long and honourable career to a close. No other medical quarterly has enjoyed such a long life.

Considering the number of years during which the Journal continued to appear, the editorial changes have not been many. Dr. DRYSDALE is, unhappily, the only survivor of the illustrious trio whose names appear on the title-page of the first volume. Dr. BLACK, though he contributed to the Journal until his recent lamented death, retired from the editorial staff after the first volume was issued. The names of Drs. DRYSDALE and RUSSELL alone appear as the editors in 1844 and 1845. Then Dr. DUDGEON joined them, and remained one of the editors until the end. But Dr. DUDGEON was a contributor almost from the beginning. He was actually an editor for thirty-nine years. In 1858, with the

completion of the sixteenth volume, Dr. RUSSELL retired, and the following year Dr. ATKIN joined the staff. In 1862 Dr. ATKIN died, and Dr. HUGHES became one of the editors the next year. When the thirty-fifth volume was completed, in 1877, Dr. DRYSDALE retired, and Drs. DUDGEON and HUGHES continued alone till in 1883 we ourselves joined the staff at the eleventh hour. Dr. DUDGEON was thus editor for thirty-nine years; Dr. DRYSDALE came next in point of length of time, being on the staff thirty-five years; Dr. HUGHES had twenty-two years of editorship, and Dr. RUSSELL sixteen years.

Among the contributors to the pages of the Journal, besides the editors, we may name Professor HENDERSON, who was recognised as the most accomplished physician of his time in the Edinburgh School; SAMUEL BROWN, the rival of HOPE for the Chair of Chemistry in Edinburgh University; and that wonderful genius, AUGUSTUS DE MORGAN. The originators of the Journal, with their followers and supporters, accomplished the task they attempted. But they have done more. The forty-two volumes performed a work in the days of their appearance; and now they remain a treasure-store for all time for the labourers who shall come after.

It was a fitting and a graceful thing that a mark of respect should be paid to the three whose long labours in connection with the BRITISH JOURNAL OF HOMOEOPATHY have made mankind their debtors. We say it deliberately, there are not living anywhere three men to whom modern Medicine is so profoundly indebted as to DRYSDALE, DUDGEON, and HUGHES.

HOMOEOPATHIC STATISTICS.

A CERTAIN gentleman who advertises himself largely as the heaven-sent exposer of the errors of homœopathy, ventures in the last edition of his pamphlet into the very boggy ground of statistics. He quotes a summing-up of the results of the inquiries of ROUTH and others from a certain Dr. GRIFFIN.

This authority (unknown to us, we regret to say) points out that the mortality at FLEISCHMANN's Homœopathic Hospital at Vienna was little more than one-half that of the Edinburgh Infirmary. He then asks if that is due to better treatment in the homœopathic hospital ; and he answers, No. He shows, as he thinks, that there is no ground on which to make a fair comparison between the two ;—and then he immediately proceeds to compare them ! The scientific acumen of this new statistician may be gauged by the fact that he groups together "cases of severe injury and surgical operations"—without any indication as to what the latter were ; and attempts to compare the number of "serious and incurable cases" in one institution with those in the other, as if such a vague description were accurate enough for scientific comparison. And so, having cut the ground from under his own feet, he proceeds to build his arguments on nothing, thereby saving us the trouble of demolishing them.

But we may glance again at the subject. More distinguished persons than the unknown GRIFFIN have dealt with this subject, and the fairest and ablest of them all is Dr. ROUTH. In his *Fallacies of Homœopathy*, written in 1852, he shows that, whether in point of hospitals or in point of diseases, the statistics are all strongly in favour of homœopathic treatment. It is true he takes infinite pains—much more than Dr. GRIFFIN appears capable of—to explain away the significance of this, but with very poor success. The conclusions he comes to are [the following :—That homœopathic cures—which he does not dispute—are due (1) to the influence of the mind on the body, through the voluntary or emotional systems. [It is singular that the influence of homœopathy on the mind should be so much better than that of allopathy.] (2) To the *vis medicatrix naturæ*. [Homœopathy is happy to claim this beneficent force for her ally.] (3) To excellent dietetic regimen. (4) To allopathic treatment surreptitiously enjoined. [This is a singular argument : that the superiority of results in homœopathic hospitals over allopathic should be due to allopathic practice !] Dr. ROUTH further concludes—(1) That in many cases the homœopaths

are inexact and inaccurate in their diagnosis. [As if allopaths never were!] (2) That therefore their statistics are in many cases falsified. (3) That they allow nothing for the different and varied circumstances under which different patients are placed—as light, comfort, locality, idiosyncrasy, etc. (4) That therefore their comparisons with allopathic practice are unfair and not to be depended upon.

It will be seen that Dr. ROUTH endeavours to destroy the significance of homœopathic statistics by showing that they cannot be fairly compared with allopathic statistics. He does not, like smaller persons, attempt to show that they are not unusually favourable as they stand; and he does not attempt to prove that allopathic statistics are really more favourable. All he tries to prove is that no comparison is possible.

We are willing to allow that statistics are most delusive, and only when the conditions are accurately known are they to be relied on as of solid value. But we contend that we have statistical evidence that is so scientifically exact, so unequivocally attested, that all the arguments of sages or sophists will not avail to shake it. We allude to the statistics of cholera. In the cholera epidemic of 1854 the Homœopathic Hospital, then in Golden Square, was in the very centre of one of the affected districts. The Government inspector, Dr. MACLOUGHLIN, an allopath, said of the cases there treated, "All I saw were true cases of cholera, in the various stages of the disease, and I saw several cases which did well under your treatment [he was writing to Mr. CAMERON], which I have no hesitation in saying would have sunk under any other." Dr. MACLOUGHLIN went on to say that if he were stricken down with the disease he should order himself to be taken to the Homœopathic Hospital at once. The statistics of this epidemic showed, according to Dr. MACLOUGHLIN's own return, 16·4 per cent. mortality under homœopathic, and from 48 to 80 per cent. under allopathic treatment. We may remark that through the instrumentality of Dr. PARIS, then President of the Royal College of Physicians, this part of Dr. MACLOUGHLIN's return

was suppressed ; but this conduct was censured in Parliament, and the return ordered to be printed in a separate Blue-book, where it may now be found. The statistics of the Vienna epidemic in 1836, in this case vouched for by *two* allopathic physicians, the Government inspectors, showed a mortality of 33 per cent. under homœopathic against 66 per cent. under allopathic treatment. This startling result led to the repeal of the laws against homœopathy in Austria.

We quote these statistics because they are unimpeachable, not because we believe that cholera is more amenable to homœopathic treatment than other diseases. We do not for one moment accept Dr. ROUTH's attempts to explain away the *prima facie* favourable results of homœopathic treatment, as exemplified in general hospital practice. On the contrary, we are sure that if it were possible to compare as accurately the statistics of any other disease, as it has been of cholera, the results would be equally favourable. Unfortunately it is not possible, for the simple reason that allopathic physicians and Government inspectors have not observed and reported on them ; and so it is open to any one to say that the diagnosis was wrong, or the returns falsified. In spite of all the efforts this has never been proved ; and wherever evidence of an unequivocal nature is obtainable the proof of the superiority of homœopathic over allopathic practice is absolutely overwhelming.

NOTES.

As we briefly mentioned in our last issue, Drs. Drysdale, Dudgeon, and Hughes were entertained to dinner by their colleagues at the Café Royal, Regent Street, and presented with the testimonial raised for them by subscription. The project to found the *British Journal of Homœopathy* was formed at a dinner, and it was fitting that a dinner should signalise its close. We have given a full account of the interesting proceedings elsewhere.

THE days of quarterly medical journalism are numbered.

The *North American Journal of Homœopathy* with the number issued in May ceases to be a quarterly journal and passes into the hands of a new editorial staff and to new publishers. The *North American Journal* is thirty-three years old, but the present series has only continued for fifteen years. Dr. Samuel Lilienthal bids his readers a touching farewell. Dr. Lilienthal's services in connection with the journal need no praise from us. The *Journal* has been to American Homœopathy what the *British Journal* has been to Homœopathy in this country. "Seventy years old, and fifty years a student and a practitioner," we are happy to learn that Dr. Lilienthal is not by any means past work, though he has felt keenly the want of fellow-labourers. He is succeeded by an editorial staff of which Dr. Geo. M. Dillow is the chief; and Mr. Boericke, the publisher, will give place to the "Journal Publishing Club." New York will, as formerly, be the journal's headquarters.

IN his speech at the dinner of April 29th, Dr. Hughes said that we must look to America for the future development of Homœopathy. A striking comment on this remark is the appearance of *Arndt's System of Medicine*. We have seen many so-called "Systems of Medicine" with no system at all in them and very little medicine (though excellent in point of descriptions of disease and directions for diagnosis), that we welcome this last achievement of our American brethren. Here we have not only the diagnosis and pathology of diseases, but their treatment also scientifically described. The first of the three volumes has only been issued at present, and of this we hope to give a full account in our next number. In the meantime we urge every practitioner to subscribe for the work without delay. The second and third volumes are complete and in process of passing through the press.

THERE was a better attendance at the meeting of the *British Homœopathic Society* on Thursday, May 7th, to hear Dr. Moir's paper entitled "Notes on Eye Cases," than we remember to have seen for a long time past. In addition to a good muster of local men we had Dr. Drysdale, and Dr. Clifton, of Northampton. The paper was of unusual interest, and provoked a most interesting discussion, of which we give an account in another part of our present issue. Striking

testimony was borne to the wonderful power possessed by homœopathic medicines to control eye diseases.

WHILST speaking of eye affections we may mention the excellent work done by the Society for the Prevention of Blindness, of which Dr. Roth is hon. sec., in spreading knowledge showing how by simple precautions the greater part of the existing blindness may be prevented in the future. And we may refer to the truth which the work of Dr. Campbell, of Norwood, has eloquently preached, that blindness is no excuse for beggary, and that the blind should be taught to respect themselves and to earn their bread like other people. In France M. Lavanchi Clarke has taken up the same gospel. France has scarcely any institution where the blind are taught to work, and there are 36,000 blind persons in that country who have no means of support except beggary. M. L. Clarke has found willing helpers, and has already founded workshops for the blind. He has secured the help of Madame Christine Nilsson, who with other distinguished artistes will give a concert in aid of his most praiseworthy object.

WE call attention to the report we publish of the recent quarterly meeting of the Homœopathic Pharmaceutic Association of Great Britain. The preparation and dispensing of homœopathic medicines is a matter of such vital importance that the efforts of this Association to secure the public against ignorance and carelessness in this respect are deserving of every encouragement.

THE National Annual Meeting of the American Institute of Homœopathy will be held this year at St. Louis, commencing on June 2nd, and continuing four days.

THE International Hahnemann Association will hold its next annual session at Syracuse, N.Y., on the 23rd of June and two following days.

THE next meeting of the British Homœopathic Society takes place on Thursday, June 4th. Dr. J. G. Blackley will read a paper on "Some Cases of Nervous Disease, including two of so-called Writer's Cramp." Members will

not forget that this meeting counts as the first day of the annual meeting. The last meeting of the season will be held on Thursday, July 2nd.

THE REVISION OF THE MATERIA MEDICA.

By DR. HUGHES.

THE possessors of Part I. of the "Cyclopædia of Drug Pathogenesey" can, by comparing its medicines with the corresponding articles in Jahr or Allen, form a good idea of its distinctive features. To aid in its appreciation, however, by showing what is done to test its materials, it may be well to sketch its process of formation in the case of a given drug. Let us take for our example *Antimonium Tartaricum*.

Taking as basis the latest collation of our pathogenetic material, Dr. Allen's *Encyclopædia*, we proceed to examine the sources on which he has drawn.

The first is "Hartlaub and Trinks, Reine Arznei-Mittl-dehre (*sic*), 2, 209." Turning to the reference, we find there a pathogenesis of Braunstein, *i.e.*, *Manganum*, not of Brechweinstein, tartar emetic. The 125 symptoms furnished hence are therefore to be omitted.

Nos. 2, 3, 4, 5, 6, are taken from a pathogenesis contained in vol. iii. of the *Archiv*. It is a schema of symptoms having attached to them the names of Hahnemann and his son, of Rückert, of Gross, and of Stapf, but put forth without the least information as to the subjects on whom they were observed or the doses given. On examining them, moreover, we find them far from characteristic of the drug, so that no one could identify them as effects of it were its name not given. Hahnemann's symptoms, moreover, were in many instances (probably in all) observed on patients. Under these circumstances it was difficult to resist the temptation of rejecting the pathogenesis entirely; but, in deference to the susceptibilities of a certain number of our colleagues, we propose to insert it in small type. To make the best of it we have attached the symptoms to their respective warranters, and have separated those that have notes of time attached to them.

No. 7, "Hering, Archiv, 13z, 183" (should be 13, 2, 183) furnishes matter of the same description; but, as it is brief, it may be admitted in like second-class form.

No. 8, "'M.' in Buchner's review, *Hygea*, 18, 274

(should be 335), took 1st dil., repeated doses ; ” No. 9, “ ditto, took one grain at once ; ” and No. 13, “ Mayerhofer, in Bœcker *Beit.*, effects of $\frac{1}{100}$ th of grain,” are the same, being secondhand reports of a good proving published in *Heller's Archiv* for 1846, from which, accordingly, we have translated it in full.

No. 10 is “ Molin, Comptes rendus du Congrès Med. Hom. de Paris, 1851–6, proving with 6th and 18th dilutions, repeated doses.” This (which is in the *Compte rendu* of the Brussels Congress of 1856) has been, so far as available, translated from the original. In addition we have taken from the same author’s graduation thesis “ Des Spécifiques en Médecine ” a much more valuable proving, made with small appreciable doses, which Dr. Allen overlooked at first, but has supplied *in extenso* towards the end of his tenth volume.

No. 11 is “ Nœbling, N. Z. f. H. K., 14, 80, proving with several small doses and subcutaneous injection.” In vol. x. Dr. Allen translates these heroic experiments in full from the author’s separate publication (his name should be “ Nobiling ”): “ Versuche über des Wirk, des Brechweinsteines, &c.” This we have not been able to obtain, but we have compared and revised the translation from the original paper in the *Zeitsch. für Biologie* of the same year, of which the *brochure* used by Dr. Allen was probably a reprint.

No. 12, “ Bœcker Beiträge, crude proving,” is not very explanatory. It refers to Böcker’s “ Beiträge zur Heilkunde.” This work, published in 1849, is not in the library of the British Museum or in that of the College of Surgeons, and we have vainly endeavoured to obtain it by purchase, so suppose it to be out of print. From the account given of the experiments by authors (as in Parkes “ On Urine ”), they do not seem to have been of any special value, and we shall not be discontented if we have to give them at secondhand.

No. 14, “ De Moore ” (should be “ De Moor ”), “ Rev. de l. Mat. Med., 5, 436, proving with quarter-grain,” is not accessible to us, but we are seeking to have it copied abroad.

No. 15 refers to the following from the *Amer. Journ. of Mat. Med.*, iv. 60. “ Tart. em. 3m, Fincke, given in water, thrice daily, produced at the end of a week symptoms like acute conjunctivitis, with much lachrymation, soreness in the calves of the leg and shoulder-blades.” This is signed “ Macfarlan,” but is obviously inadmissible.

The only other proving employed by Dr. Allen is that

numbered 64 in the supplementary pathogenesis of his tenth volume. It is, "Sharp's Essays on Medicine, p. 725, took 1st, 1 drachm." I need hardly say that it was Dr. Sharp himself, and not his essays, that took the drug; but I have to make the more serious correction of "1 drop" for "1 drachm" as the dose. The proving has of course been inserted.

So far, then, Allen's *Encyclopædia* has served as our guide-post, and our work has been limited to sifting, revision, and better presentations of the material he has employed. But now, looking further afield, we have found other provings of tartar emetic extant—those of Ringer (*Therapeutics*, sub voce), of Jankowich¹ (*Med. Jahrb. der Oesterr. St.*, 1842), of Wetzler (*Kleinert's Repertorium*, 1827), of Ackermann, and of Beigel. The two last have been taken from the full and trustworthy accounts given in the *Brit. and For. Med. Chir. Review* (xxiii. 346) and in Parkes "On Urine" respectively. Finally, we have related the experiments of Sherwen, Gaitskell, and Hutchinson, in which internal effects were sought by the endermic application of solutions, and have cited descriptions of the effects of the ordinary medicinal doses from Pereira, Ringer, and Stillé.

So much for provings. For poisonings Dr. Allen has utilised the symptoms inserted by Staph in the *Archiv* (vol. iii.), and by Roth in his *Matière Médicale* (iii. 304); also the collections of Frank's *Magazin* and of Hencke (A. H. Z., lxxxviii.), to which he has added several cases from the journals. We have not followed him here, our object being not an exhaustive presentation of all that has ever occurred in antimonial poisoning, but an illustration by suitable examples of the ordinary features of its toxic influence. Thus, to show its most usual effects of profuse vomiting and purging, we have given the two cases observed by Dr. George Wood, and related in his *Therapeutics and Pharmacology*, appending two similar ones from the *Lancet* of 1846, in which the *post-mortem* appearances were more fully described. Other cases follow, exemplifying the nervous, cutaneous, and pseudo-membranous phenomena often presented in poisoning and over-dosing with the drug.

Passing to experiments on animals, we have to collect

¹ Dr. Allen refers to this in a note as excluded because the tartar emetic was mixed with opium. There was, however, only a small quantity of "opiate syrup" in the mixture he took, and the symptoms were purely antimonial.

entirely for ourselves, Dr. Allen having refrained from cultivating this portion of the field of pathogenesis. Remembering our instructions to present such matter "generally in abstract," we have contented ourselves with a summary from Stillé of the results obtained by Viborg, Lippe and Hartwich, and Pecholier, and with Dr. Nevins's general conclusions. We have given from the originals, however, the experiments of Richardson, of Ringer and Murrell, and of Molin, with the latter's account of the previous observations of Magendie and others which his own were designed to illuminate.

It is after this manner that the Revised *Materia Medica* is being built up.

Brighton, May, 1885.

THE INFLUENCE OF HOMŒOPATHY ON THE GENERAL PRACTICE OF MEDICINE IN THIS COUNTRY, AND ITS PRESENT POSITION IN RELATION THERETO.

By DR. A. C. CLIFTON.

IN the battle of life (of truth *versus* error) to which we are all more or less committed, if we have any mettle in us, it is well from time to time to review our ground, and ascertain the results of past tactics, in order the more effectually to adapt our forces to the end we have in view.

To us as homeopaths, desiring the advancement of the system of medicine with which we are most intimately connected, this "taking stock" is especially needed at the present time. For some of our veterans whose opinions are entitled to the highest respect, and whose influence is of wide extent, and who have for nearly half a century "fought a good fight" on behalf of Homœopathy, and done immense service in the cause of progressive medicine and to humanity, have within a recent period, in their capacity as editors of the late *British Journal of Homœopathy*, laid down their arms so far as polemical action is concerned, intending for the future to confine their labours mostly to "the perfection of the *Materia Medica* and its application in practical therapeutics." The reasons assigned for thus relinquishing their former work are as follows:—"The best writers on therapeutics now implicitly, and sometimes explicitly, admit the homœopathic as one of the rational rules of therapeutics;"

"Homœopathy has now obtained the footing in general medicine which will eventually secure for it the recognition it deserves;" "Homœopathy has entered on another phase of its triumphant career, for which a polemical organ is no longer needed." It will at once be acknowledged that this view of the present position of Homœopathy is of a very optimistic character, and one which, if correct, is a cause for congratulation ; but if the picture is overdrawn, and the millennium of Homœopathy be not so near at hand as is represented ; and if other workers in the cause should be inadvertently led to accept it as correct, and follow the example set them of refraining from further polemical action, as sure as night follows day, so surely will the advancement of Homœopathy not only be hindered for many years, but will lose the position it has already gained. On these grounds, therefore, is a further examination of the subject advisable ; for, although the view presented has had reference more particularly to the relinquishment of the journal alluded to, its effects cannot be confined within that circle.

It is not competent for any one to survey all sides of a question and give a faithful portraiture of the same ; and from the high position our colleagues hold as physicians of eminence, coming in contact mostly with the upper and better class of minds in the profession, and seeing their mode of practice, it is only natural they should err in the direction of the affirmative with respect to Homœopathy, more especially when their literary and scientific labours in connection with the cause are taken into account. It may therefore not be without some benefit to have a view presented from a less elevated standpoint of observation, viz., that of the country physician and general practitioner, one who has for about thirty years come in contact with the lower forces, the rank and file of the profession, and seen much of the treatment of the old school of practitioners, including, to some extent, that of the hospitals, dispensaries, and provident clubs in the towns and villages in his locality.

From this outlook the present position of Homœopathy, and its effect on the general practice of medicine, is not so favourable as the one adduced. For, whilst there is no doubt that what is called "the regular practice" is far in advance of what it was forty years ago, there being less blood-letting by the lancet, by cupping or leeching, fewer setons inserted, blister-plasters used, less violent drugging by purgatives, emetics, salivating and sweating agents ; whilst physicians'

prescriptions are often less complicated, the doses of drugs diminished, and these having a more direct action on the disease for which they are intended than formerly was the case ; whilst, too, there is some advance in the same direction, though to a less extent, by the general practitioners in our towns and villages who supply their own medicines, the venerable blue pill and black draught, the calomel, antimony, and grey powder, having given way very much to German liquorice-powder, tasteless castor-oil, mineral aperient waters, etc., one has only to scan the lists of the various manufacturing chemists who cater for the supply to the general practitioner of ready compounded drugs in the form of sugar-coated pills, etc., and it will be seen that there is neither so much diminution of dose, nor so much less a mixture of drugs, as has been assumed. Nor do the hospitals and dispensaries, although they are generally officered by men somewhat in advance of the rank and file, show much advance, if one may judge at all from the heavy drug-bills in their annual reports, and what may constantly be seen as the out-patients issue from the portals of those institutions laden with their quart-bottles of physic and other accessories of modern treatment. Admitting, however, that there is a great gain in this direction, and that it has been brought about very much by Homœopathy, and has been admitted as such by many even of the opponents of that system, this has been due much less to the teaching in the medical schools, or the influence of the best men in the profession, than to the better education of the people who have been the recipients of the benefits of homœopathic treatment, and who, when they can have it, will no longer submit to the measures of former years. Hence it is that where Homœopathy is represented by its practitioners and the public brought under its influence there will be found a corresponding improvement in old-system treatment ; and *vice versa.*

But granting this advance made, that, after all, is the least important element in the case ; and too much has been made of it, for the diminution of drugging does not constitute Homœopathy, but the adoption of the law of similars in its application to the cure of disease. This is its very core and essence, and all the improvement that can take place in the art of medicine without it is not Homœopathy. Lay homœopaths have, as a rule, only very partially recognised this. With them the small dose, and tastelessness of the medicine, its being

put up by a homœopathic chemist, or administered by a practitioner of Homœopathy, have been sufficient to stamp it "homœopathic." The profession getting their impressions of Homœopathy for the most part from the public, rather than from homœopathic practitioners, or from our journals, have erred in the same direction. The law of similars, in its application to the cure of disease, they have heard little of, and have failed to grasp and understand what they have heard; much less have they gone to the point of adopting it.

Our colleagues who have alluded to this phase of the question tell us that "the best writers on therapeutics now implicitly, and sometimes explicitly, admit the homœopathic as one of the rational rules of therapeutics." This is no doubt the case, but to an infinitesimal degree. It requires a microscopic eye to see it; and *it is this fact above all others*, which it is needful to bear in mind in truly estimating the position of Homœopathy and its relation to the general profession. Had they adduced any evidence that the homœopathic rule or law of cure was being acted upon by many of the leading physicians of the day, acted upon consciously, and with understanding of its application in disease; or that it was being taught by the Professors of Medicine and *Materia Medica* in the medical schools of London, Edinburgh, Glasgow, and such-like centres of learning (even although its adoption by the profession generally could not be seen), it would be some proof that "Homœopathy has obtained the footing" they speak of. And if in addition they had shown that the various medical societies of this country willingly admitted homœopathic practitioners to membership, and the editors of the several medical journals permitted articles on the principles and practice of Homœopathy to adorn their pages, it might be allowed that "a polemical organ is no longer needed." Such, however, is not the case, but the very reverse; and as it has been characteristic of every sect, whether in politics, religion, or science and art, that in proportion as the peculiar tenets of each have been promulgated, so has been the measure of their triumph, so, indeed, will it be with Homœopathy.

There is much yet to be done in educating the profession in the principles of our system, and in educating the public therein. And if this presentation of another side of the question, partial though it be, in combination with or contrast to the former view given, helps to wise and judicious action in our ranks, something may be gained by this endeavour.

Northampton, May, 1885.

INTRAMURAL FIBROID OF UTERUS.

REMOVAL OF UTERUS AND TUMOUR.—RECOVERY.

By T. REGINALD JONES, M.R.C.S. Eng.

SOME time since I was called in to see a lady, aged thirty-six years, unmarried, and who had been bedridden for nearly three years. She had been at one time a woman of good strong common-sense, but, what between disease and “disease-curers” (!), she had become a poor hysterical, wasted creature, tired of life and longing for release by the kind hand of death. Her disease was hydra-headed ; no sooner was one symptom removed than she complained of another. She had pain in her head which nearly drove her crazy, sensations of choking, temporary blindness, constant nausea, frequent vomiting, cough, pain in stomach, intense suffering in abdomen ; such strong pulsation of left common iliac arteries as almost to suggest the presence of an aneurism. Then there was entire loss of appetite ; also constipation, but when the bowels were moved the stool was always of such enormous size that the greatest agony was caused by its passage. The periods latterly became very irregular and profuse. She was placed under the care of a doctor in this neighbourhood, who treated her for ten months for “*ulceration of stomach and congestion of lungs.*” The only results of his attendance were 104 empty and partly empty bottles, heavy medical and druggists’ bills, and patient much worse than at the beginning of the treatment. She was then transferred to another practitioner, who treated her for hysteria, and under his care she remained for two years, and was thoroughly drugged, *secundum artem* : valerian, bromide, iron, zinc, bitter infusions, purgatives, cod-liver oil, sleeping draughts, *et hoc genus omne*, but all of no avail ; she stubbornly refused to be comforted or cured. The fact was that the *fons et origo mali* had never been inquired into. She was a poor hysterical creature, and treated therefore as too many of her kind are, by bantering and placebos, when all other remedies and methods fail. When I first saw her she was suffering from intense headache, a left-sided migraine, sickness, complete loss of appetite, constipation, and pain in abdomen and back. I had good reasons for believing that in the first place she never had had either ulceration of stomach or congestion of lungs, for which, as I have said, she was treated for a period of ten months. The pains and aches simulating these diseases had been evidently reflex.

Then as to the hysteria, it was like treating a man for cough who really had pneumonia. There was evidently something in the background which so far had escaped observation, and I determined to discover what this something was. I made an examination of the different organs. All seemed in a normal condition until I came to the uterus. I had suspected this organ from the first. There was all the irritability, the nervousness, the restlessness, the morbid mental condition of the uterine patient, and in this organ I found the cause of her bedridden condition, which had lasted for three years, which had been entirely overlooked, and in consequence of which she had been almost drugged to death by these "scientific practitioners." There was, in the first place, complete RETROFLEXION, and, according to my opinion, a fibroid tumour. On examining per rectum the tumour was found low down, very hard and round, and about the size of a tennis-ball apparently; and it offered a complete bar to the passage of the motions, and an explanation of the constipation. With some difficulty I introduced a sound into the uterus; it was about four inches deep. Then with my finger introduced again into the rectum I turned the womb over, almost to its normal position, and had the satisfaction of feeling the fibroid nearly disappear. On re-examining the abdomen I found that the pulsation of the left common iliac had materially decreased. The patient suffered much pain during the necessary manipulations.

I informed the patient and her friends that I had discovered the cause of all her trouble, that medicine was useless, and an operation would be required. On the one hand, I explained the risks attending an operation, which, if successful, would ensure her many years of life free from suffering, and enable her to become once more a useful member of society. On the other hand, I assured her that unless she consented she would drag on for the remainder of her life a confirmed invalid, a burden to herself and to all connected with her. Naturally they asked for a second opinion; I therefore asked a medical man in the neighbourhood to see her. He did so, but did not agree as to the presence of a fibroid. We had, therefore, another opinion, and again the fibroid theory was discredited. I, however, felt sure of my position, and I asked a third gentleman, who devotes himself entirely to gynaecological science; and, alas! for my reputation, he also set my theory on one side. But whilst admitting at last that I must be wrong, still, like

Galileo, when obliged to admit that the earth did not move round the sun, he nevertheless said, *sotto voce*, "But it does move after all," so with me. I said to myself, "It is a fibroid." After a great deal of trouble, the patient's consent to undergo the operation was obtained, and everything was done to enable her to go through it successfully. Our object was to remove the *tumour* only. She was placed under ether. An incision was made in the abdomen, extending from the umbilicus downwards about five or six inches. The *tumour* was felt for and drawn through the opening which had been made, and then we found that we had an *intramural fibroid* to deal with. Under the circumstances there was nothing for it but to remove womb, ovaries, and *tumour*, which was successfully done. My patient made a splendid recovery, and is now able to go about a strong and healthy woman. The operation took place at the Shaw Street Hospital for Women under Dr. Imlach.

CLINICAL RECORD.

LONDON HOMEOPATHIC HOSPITAL.

Cases under the care of Dr. CLARKE.¹

Case I.—Erysipelas of Face cured by Apis.

THE patient was a servant aged fifteen. Fourteen days before admission she had taken a chill from getting her feet wet. She first had stiff-neck, and then three days after noticed a flush on her right cheek, which spread and was followed by swelling. The redness had subsided before her admission, but not the swelling. Her family history was unimportant except that all were subject to a puffiness about the eyes. There was no albumen in the urine at any time during her stay in the hospital. There was only a little fever. The tongue was dirty. She was put on *Apis* 3x every two hours, and given a diet of milk and beef-tea. The swelling steadily subsided, and on the 24th of December, a week after her admission, there was only a little puffiness of the eye left. There was constipation. She was given *Sulph.* 3x, one drop every four hours, and left quite well on the 27th.

Case II.—Chorea cured by Actaea Rac.

K. M., a servant aged seventeen, admitted October 17th,

¹ From notes by Dr. Barker and Dr. Croucher, House Surgeons.

1884. She was then suffering from general chorea. A few years before she had had a similar attack; no history of fright or rheumatism. She was taken suddenly a few days before admission. There was dilatation and hypertrophy of the heart, mitral regurgitation, and visible pulsation and *bruit de diable* at the root of the neck. She had been sick and had fainted the night before her admission. She was put on *Act.-Rac.* 1x, two drops every three hours, and given first diet. The improvement was marked and rapid. She left the hospital quite cured of her chorea on November 10th, the twenty-fourth day.

Case III.—Chorea cured.—Actaea Rac., Veratrum Viride, Agaricus.

Amy B., thirteen, at school, admitted November 10th, 1884. She had had involuntary movements for a week before admission. Five years before had an attack which lasted a fortnight, being cured by removal to the country. For a month before admission she had had rheumatic pains in the joints off and on. Pulse 82, irregular and weak. The heart was enlarged and the mitral valve affected. She received *Actaea R.* 1x, two drops every two hours. Full diet was given. There was some improvement, but not very marked, and on the 19th she received *Veratr.-V.*, one drop every three hours, and a liniment consisting of half an ounce each of *Verat.-V.* ♀ and spirits of wine, with six ounces of distilled water to be rubbed on the spine night and morning. The improvement was more rapid under this treatment; but on December 2nd she was still very restless, and *Agaricus Musc.* 1, one drop four times a day, was prescribed. This proved very effective. She left the hospital quite cured on the 14th. I have seen her mother since, and hear that she has kept perfectly well.

Case IV.—Varicose Ulcers cured.—Arsenicum and Boracic Acid Lotion.

A married woman, aged twenty-nine, was admitted June 14th, 1884, suffering from extensive varicose ulceration of one leg. She was put on *Arsen.* 3x, three drops three times a day. At first a lotion of *Hydrastis* was ordered, but this gave very great pain. The same thing had happened when the same lotion had been prescribed by the house-surgeon to whom she had come as an out-patient. This was changed to a lotion of *Boracic Acid*, ten grains to the ounce. This gave

no pain, and proved very effectual. She left with her leg quite healed on August 3rd.

*Case V.—Phlebitis and Periostitis cured.—Hamamelis,
Potassium Iodide, Mesereum, Apis.*

E. R., fifty-eight, seamstress, admitted June 24th, 1884. The patient was spare and dark. For two months before admission she had complained of pain in her right leg, especially the lower part, with redness, the veins being swollen and tender. Five weeks before she came in, a small red spot appeared above the ankle, and three days after this the leg swelled all round, with a pricking sensation as if a bone was broken. The veins were thickened, hard, and very tender. This made her lame, and she felt very ill. She could stand but little. When admitted the right leg was red and swollen for four inches above the inner malleolus, and looked as if an ulcer was about to form. The veins were very hard and knotted, as if full of clot. There was much tenderness on pressure, especially along the tibia and inner side of the leg. For twenty-five years she had been troubled with swollen veins causing pain occasionally, but had never had phlebitis before. There was a soft mitral systolic bruit. She was put on first diet with milk, and given *Hamamelis* 1, two drops three times a day. In a few days there was considerable improvement, the pain, swelling, and hardness being less. The appetite was poor, and *Nux Vomica* 1 was given thrice daily in addition to the *Hamamelis*. The appetite and other symptoms improved, but she had pain, which she called rheumatic, in the tibia and ankle. On July 9th there was a painful swelling over the whole length of the tibia, and the leg was generally painful. *Iodide of Potassium* was now given in five-grain doses three times a day, and on the 12th *Belladonna* 3x, two drops every three hours, was given in addition. There was improvement both in appearance and sensations, but it was slow, and on the 16th *Mesereum* 1, one drop every three hours, was prescribed. She continued on this to the end. *Aconite* and *Bryonia* were given by the house-surgeon for a few days, on account of neuralgic pains in the head and chest, but these did not materially interfere with the former prescription. The pain and swelling of the limb diminished rapidly. A spot under the knee became slightly inflamed, and another on the back of the left elbow (where she had knocked it). Spirit lotion and starch-powder were applied to these, and they soon got well. The limb was

bandaged and swung. On the 30th of July a small swelling was noticed over the inner surface of the tibia, elastic but not fluctuating. The veins were much less hard and swollen. There was, as there had been before, a little soreness of the throat. *Apis 3x* was now given in alternation with *Mezereum*. On the 2nd of August the swelling had almost disappeared. On the 6th of August the leg looked almost well. She got up that day, a Martin's bandage being applied. She left the hospital, well, on the 12th.

PRESENTATION TO DRs. DRYSDALE, DUDGEON, AND HUGHES.

ON Wednesday, April 29th, Drs. Drysdale, Dudgeon, and Hughes were entertained at a dinner at the Café Royal, Regent Street, between thirty and forty of their colleagues assembling to do them honour under the presidency of Dr. Hamilton. The occasion of the dinner was the presentation to the three gentlemen named of a testimonial subscribed for by their colleagues to mark their sense of the great services they had rendered "to the cause of medical science in connection with the *British Journal of Homœopathy*" through the forty-two years of its existence. The testimonial took the form of a piece of plate for each—three very handsome silver punch-bowls, mounted on ebonised wood pedestals.

At the dinner the chair was occupied by Dr. Hamilton, on whose right sat Dr. Drysdale, and on his left Dr. Dudgeon and Dr. Hughes. There were present—Dr. Galley Blackley, Dr. E. Blake, Dr. Blair (Noble and Blair), Dr. Dyce Brown, Dr. Burnett, Mr. Cameron, Dr. Carfrae, Dr. Clarke, Dr. Cooper, Mr. Engall, Dr. Goldsborough, Dr. Gutteridge, Dr. Suss-Hahnemann, Dr. Harper, Mr. Harris, Dr. Mackenzie, Dr. Matheson, Dr. Byres Moir, Dr. Roth, Dr. C. L. Tuckey, Dr. Wyld, and Dr. Yeldham, London; Dr. Burwood, Ealing; Mr. Butcher, Windsor; Dr. Clifton, Northampton; Mr. Denham, Southsea; Dr. Guinness, Oxford; Dr. Hall, Surbiton; Dr. Hawkes, Liverpool; Dr. Murray, St. Albans; Dr. Pope, Tunbridge Wells; and Dr. Watson, Hammersmith.

On the cloth being removed after dinner, Dr. Hamilton read letters expressing the regret of the writers at being unable to be present, and their sense of the valuable services the guests of the evening had rendered to Homœopathy, from Dr. W. Epps, Mr. Noble, and Dr. Powell, London; Dr. Moore and Dr. Hayward, Liverpool; Dr. Proctor, Birkenhead; Dr. Bryce, Edinburgh; Dr. Miller, Hamps-ted; Dr. Madden, Birmingham; Dr. Tuckey, Kew; Dr. Bell, Eastbourne; Dr. Croucher and Mr. Knox Shaw, St. Leonards; Dr. Drury, Bournemouth; Dr. Holland, Bath; Dr. Churchill, Folkestone; Dr. Harmar Smith, Ramsgate; Dr. Nield, Plymouth; and Mr. Mansell, Grantham.

Dr. Hawkes, of Liverpool, was present as a delegate from the Liverpool Homœopathic Society.

The toast of "The Queen" was enthusiastically responded to, as

was that of "The Prince of Wales and the rest of the Royal Family." In this latter toast Dr. Hamilton especially included the names of the Duchess of Cambridge, the Grand Duchess of Mecklenburg-Strelitz, and the Princess Mary of Teck, who have shown particular favour to Homœopathy.

Dr. HAMILTON then rose to perform the principal duty of the evening, the presentation of the testimonial. He began by expressing his regret that the *British Journal of Homœopathy* had ceased to appear, a regret which he said was shared by all present. (Hear, hear.) It was the oldest of all the medical quarterlies, and it had always been conducted with such talent and vigour that it had gained the respect of our opponents. Originally founded with the object of sustaining the scientific merits of Homœopathy, it had for upwards of forty years steadily carried out this purpose. The editors were determined to strip homœopathic practice of all semblance of quackery and the amateurishness which characterised its first appearance in this country. In this way they were able to force the question of Homœopathy on the attention of the medical profession. The Journal became the mouthpiece of scientific Homœopathy. It gave us splendid translations from German literature, which did more than anything else to further the cause. Dr. Hamilton then alluded to the admirable work done in the early days of the Journal by Dr. Black, whose loss was yet fresh in the minds of his colleagues. Dr. Hamilton concluded by saying that though the *British Journal of Homœopathy* had ceased to appear, we had still the *Monthly Homœopathic Review* in the hands of its eminent editors to carry on the work. Dr. Hamilton then made the presentation in these words :

"We are met this evening to do honour to the three surviving editors of the *British Journal of Homœopathy*—Drs. Drysdale, Dudgeon, and Hughes. (Cheers.) To these three gentlemen we wish to give a slight token of our sense of indebtedness to them, and a recognition of the great services rendered by them to medical science in connection with Homœopathy." [In the name of the subscribers Dr. Hamilton then presented to each of the three guests of the evening, severally, his own piece of plate.] "It would be superfluous on my part to dilate further on the services of these gentlemen. I have known Dr. Drysdale forty-four years, Dr. Dudgeon almost as long, and Dr. Hughes, I may say, since he has been in the profession. I hope that for many years to come they may look upon this gift and be reminded of our friendship, esteem, and gratitude." (Loud cheers.)

Dr. DRYSDALE rose amidst loud and prolonged cheers. He said that he had been entirely taken by surprise and was quite unable to express adequately his thanks to his colleagues for the honour done him. He sketched the origin of the *British Journal*, when a small knot of men, Drs. Russell and Black, with Samuel Brown and himself, were collected in Edinburgh to consider what had best be done to further Homœopathy in the days when Carlyle was just beginning to make his power felt, waxing eloquent in the praise of silence. Preferring to be guided rather by the example than the precept of Carlyle, the small band of Hahnemann's disciples determined to found a journal for the support of their beliefs. They decided that it should be a quarterly journal and should contain

articles of such exhaustive nature and scientific completeness that the work might take its place beside the best that the profession could produce. Dr. Drysdale differed from those who thought that its work was complete, and that a quarterly journal was no longer needed. All the experience of the action of drugs on the healthy, by whomsoever performed, could properly be claimed for Hahnemann; and the speaker thought that for the setting forth of all this experience a quarterly journal was still needed. He would suggest as its name "A Journal of Experimental and Applied Pharmacodynamics." Such a journal would not only be an organ of Homoeopathy, but would take a distinct place in general medicine. Again expressing his heartfelt and grateful thanks for this unexpected honour done to him, Dr. Drysdale resumed his seat amidst renewed cheering.

After a pause there were loud cries for Dr. Dudgeon.

Dr. DUDGEON rose and was loudly cheered. He said he had never felt more embarrassed in his life. He had hoped that the reply in chief by the original founder of the Journal (Dr. Drysdale) would have been sufficient. It was difficult to speak of one's self without either appearing conceited or hypocritically self-deprecative, and he would get out of the difficulty by simply expressing his heartfelt thanks to his colleagues for the handsome way in which they had expressed their appreciation of his and his fellow-editors' labours, and pass on to speak of the Journal. Forty years was a great slice out of the life of a man, and forty was a very venerable age for a journal to attain. No other medical quarterly in the country had lived anything like so long. The *British and Foreign Medical Review*, edited by Sir J. Forbes, lived only twelve years. The *Medico-Chirurgical Review*, Dr. J. Johnston's periodical, lived twenty-three years. The two, when united as the *British and Foreign Medico-Chirurgical Review*, had a longer existence of twenty-nine years. The *Dublin Quarterly Journal* lived only twelve years as a quarterly. The founding of the Journal was a bold venture. When it was projected by Drs. Drysdale, Russell and Black there were not more than ten homoeopathic practitioners in the kingdom. The boldness was justified by success, for the numbers increased amazingly. The effect of its work was seen in the gradual but utter overthrow of all the means which were peculiarly allopathic, and to-day we saw the practice of medicine completely changed. Blistering and bleeding had quite given way to treatment which was almost expectant. This is largely due to the *British Journal of Homoeopathy*. From the first it received contributions from the acutest intellects of the day; from the first of pathologists, Henderson; from that original genius, Samuel Brown; poetry and terse and beautiful English was represented by Dr. Chapman; and in the pages of the Journal were found the writings of men of the highest mark in the intellectual world at the time, as witness Augustus de Morgan. These did much to induce others to join us. The articles were largely controversial—attacks on the allopathic sceptics. With the exception of a few whose names might be counted on the fingers of one hand—Sir John Forbes, Dr. Bushnan, and Dr. Bristowe—who have endeavoured to treat Homoeopathy fairly and apply scientific methods, the rest were beneath contempt. The Journal existed to repel these attacks. But it did more. It took up the defence of those who were subjected to the persecution of allopaths who scrupled

at nothing. Examiners did not scruple to reject candidates on suspicion of their having homœopathic proclivities—as one in that room could testify (Dr. Pope). The Journal took up the defence of these, and through its instrumentality the public mind was so enlightened that persecution had now ceased—(No, No!)—at least it was only carried on in holes and corners. Among other things it claimed a share in the passing through Parliament by the help of Lord Ebury (then Sir Robert Grosvenor) and Lord Mount Temple (then Mr. Cowper-Temple) of the XXXIInd clause of the Medical Act, which is the charter of our liberties. Dr. Dudgeon went on to say that Dr. Hughes and Dr. Clarke (who though joining late took for the time his share in the editorial labours) felt with him that there was no longer any necessity for employing the heavy artillery of the quarterly against the enemy now that the Mahdis of medicine had been defeated; and that for such guerilla warfare as was now necessary the editors of the monthly journals, who were great adepts with arms of precision, were all-sufficient. Dr. Dudgeon could not agree with the opinion of Dr. Drysdale that a quarterly was now needed; he thought that contributors and editors could find a better field for developing Homœopathy than that presented by the *British Journal of Homœopathy*. He concluded by expressing his most cordial thanks for the reception accorded, the eulogiums passed, and the gift, which he should look on with pleasure and pride to the last hour of his life. (Loud and prolonged cheers.)

Dr. HAMILTON then called on Dr. Pope for a toast, to which Dr. Hughes would reply.

Dr. POPE said the toast he was about to propose demanded a bumper. He would ask the company to drink to the health of Drs. Drysdale, Dudgeon, and Hughes. He said he would not express his regret that the toast had not been put into better hands, for he had no such regret. He was proud to have such a toast entrusted to him, and in so expressing his sentiments he experienced one of the sincerest pleasures he had ever enjoyed in his life. During the forty years of the Journal's existence hospitals and dispensaries had been opened, books and pamphlets published, and the truth of Homœopathy established. No one at the present day can understand the kind of opposition that met the efforts of the adherents of Homœopathy forty years ago, the malignity of which was such that it drove from his editorial chair Sir John Forbes simply because he had endeavoured to meet Homœopathy fairly. It must have demanded no ordinary confidence on the part of Drs. Drysdale, Russell, Black, and Dudgeon to entirely forego the use of all the fashionable remedies of the day. The treatment of acute disease was heroic in appearance, but disastrous in its results. For bringing about the change in general practice the *British Journal of Homœopathy* had played the greatest part, and no three men in the country had done more (the speaker said) than those whom we were met to honour. He praised in the warmest terms the manner in which the Journal had always been conducted, and he spoke as one who knew well the difficulties that all meet with who sit in an editor's chair. Dr. Pope concluded:—"The *British Journal of Homœopathy* is no more; Drs. Drysdale, Dudgeon, and Hughes are with us still. May they long remain—(hear, hear)—encouraged, strengthened, to extend and carry forward the great work of reform in the practice of our art. I ask you to

drink to the health of Drs. Drysdale, Dudgeon, and Hughes, and I couple the toast with the name of Dr. Hughes."

The toast was enthusiastically drunk with "three times three," and Dr. Hughes arose amidst renewed cheering to reply.

Dr. HUGHES said he thanked all, on behalf of Drs. Drysdale, Dudgeon, and himself, for the hearty response that had been given to the toast, and Dr. Pope for the handsome terms in which it had been proposed by him. He should look back to that hour as one of the proudest in his life. He wished to thank them also for the honour done to himself personally. Compared with his two elder colleagues he felt he was but of yesterday; but he assured them that he would treasure their gift, and would hand it down to his children and children's children, and teach them to see in it a token of the kindly feeling and goodwill of his colleagues towards him. But though his connection with the Journal was short compared with that of the other two, still twenty-two years was a considerable slice out of a man's life. He looked back on that time with sincere pleasure. It had been a time of many anxieties and much labour, but also of much cause for gratitude. One of the things he was most grateful for was, that he had been, through his connection with the Journal, brought into close and friendly contact with its editors and contributors. The genial kindness of Rutherford Russell speaks to us through his writings, but to have been brought into friendly contact with him, and with Atkin and others, was something more; and this, he said, if nothing else, would have amply repaid all his twenty-two years of work. If there was one feature of the Journal he liked to be associated with more than another it was the large survey of American work it had always taken. Dr. Hamilton had spoken of the translations from the German. This was doubtless most important work. But of late years the lead has passed over to America, and in America the great future of Homœopathy lay. Dr. Hughes concluded by saying that though the Journal had come to an end, its editors were not going to be idle. Again expressing his thanks, he sat down amidst great cheering.

Dr. YELDHAM proposed, in feeling terms, the health of the Chairman, Dr. Hamilton. This was drunk with "three cheers;" and Dr. Hamilton replied. He said it was just just fifty-one years that day since he became a pupil of Dr. Quin's. When he was asked to preside at that dinner he wished they had asked some one more worthy; but perhaps those who had so honoured him looked upon his years as the chief qualification. (No, no!) He thanked them for the honour they had done him in asking him to preside on such an occasion, and for the hearty way in which they had drunk his health, and Dr. Yeldham for the kind terms in which he had proposed it.

Mr. CAMERON apologised for intruding himself on the company in proposing the next toast, on the ground that he was the oldest living practitioner of Homœopathy in this country. (Cheers.) He proposed the health of Dr. Tuckey, who had acted as hon. secretary, and on whom the greater part of the trouble connected with getting up the testimonial and arranging for the dinner had devolved. There was a hearty response, and Dr. Tuckey replied that he would be happy to do the same again on occasion—that it had been with him a labour of love.

Dr. DUDGEON proposed the health of Mr. Cameron. Though

he had made no great contributions to homœopathic literature, he had helped to spread the practice in a less conspicuous but not less effectual way, by the high tone of his work through many years of practice, and his courteous and gentlemanly bearing to friend and foe. The toast was warmly responded to, and in returning thanks Mr. Cameron urged on all the duty of toleration. He had, he said, many close friends among allopathic practitioners, and he thought it was our duty to extend toleration even when it was not accorded to ourselves.

The next toast was that of the *Monthly Homœopathic Review*, coupled with the name of Dr. Dyce Brown. Dr. Dyce Brown returned thanks, and at the same time proposed the health of Dr. Clarke, who had lately acceded to the editorial chair of the *Homœopathic World*. Dr. Clarke briefly thanked the company and Dr. Dyce Brown, and this brought the proceedings of the evening to a close. It was the universal feeling that a most enjoyable and successful evening had been spent, and that it would be a great advantage if social gatherings of the kind could be held more frequently. Too great praise cannot be accorded to the honorary secretary, Dr. C. L. Tuckey, and the committee, for the admirable arrangements, to which the success of the evening's proceedings was in large measure due.

SOCIETIES' MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

ON Thursday, May 8th, a paper was read by Dr. Moir, entitled, "Notes on Eye Cases." Dr. Dyce Brown, the president, was in the chair. There were sixteen cases reported. The first was one of granular lids in a man of twenty-two, cure resulting from the use of *Acon.* 1x and *Puls.* 3x internally, and the application at rare intervals of a weak solution of *Sulphate of Copper*. The next two cases were instances of interstitial keratitis in children the subjects of congenital syphilis; and in both rapid cures resulted from the internal use of *Bichromate of Potash* 3x; and in the latter of the two, after *Merc.-Sol.* had been given for a month, followed by a month under *Clematis*, with little benefit. The next case was one of non-syphilitic keratitis, in which the *Kali Bichrom.* was equally successful. Case V. A young woman aged twenty-three, keratitis and myopia for twenty years. She obtained useful sight under *Kali Bichrom.* 3x three times a day, with *Acon.* 3x occasionally to relieve the pain. Case VI. A coachman, age twenty-two; had been in English Hospital, Paris, without benefit. No history of syphilis. The eye steadily improved under *Clematis* 1, and the haziness cleared off. He was cured. Case VII. Retino-kerato-iritis; patient a woman aged twenty-seven. Cure resulted under *Merc.-Cor.* 3x, *Acon.*, and *Clematis*, with instillation of *Atropine* solution, gr. iv. to the ounce. Case VIII. Deep crescentic ulcer of cornea; cure in less than fourteen days under *Merc.-Cor.* 3 and *Acon.* 3. Case IX. Ulceration of cornea, nebulæ, old opacities in other eye; cure under *Merc.-Cor.*, *Merc.-Sol.*, and *Calc.-Iod.* No return after some years. Case X. Ulceration of cornea and hyper-

metropia. Rapid improvement of ulceration under *Calc.-C.* 3x. Case XI. Perforation of cornea through ulceration, staphyloma, all tension lost, sympathetic ophthalmia in other eye. Under *Acon.* 1x and *Merc.-Cor.* 3x the pain subsided, healing took place, and a firm leucoma was the only result. Tension was recovered, and a useful degree of sight. *China* 1x and *Calc.-Carb.* completed the cure. In reference to the above cases of ulceration Dr. Moir remarked that *Merc.-Cor.* was the most useful of all medicines in ulceration of the cornea, and if there is much ciliary injection and pain *Aconite* and *Merc.-Cor.* in alternation. He said that corrosive sublimate 1 to 4,000 was now being used as an eye-wash by the old school, but it was not new, for it was recommended in Vol. III. of the *British Journal of Homeopathy*, gr. i. to 3iv., as a collyrium, the internal use of the drug being recommended at the same time as greatly promoting its good effect. In small superficial ulcers Dr. Moir said *Arsen.* was the best remedy, in strumous patients *Calc.-C.*, and where there was suppuration *Hepar S.* Case XII. Progressive myopia with astigmatism. *Puls.* 6 for fourteen days, no effect; *Bell.* 1 relieved the pain greatly; *Phos.* 3 had no effect; *Gels.* 1 proved completely effective. Case XIII. A man suffering from retinitis. The right eye had been removed after an injury. *Bell.*, *Nux V.*, and *Santonine* proved curative. Dr. Moir said he should try *Osmic acid* in future, following the suggestion of Dr. Blackley, who had seen retinitis produced by the fumes of osmic acid. Case XIV. Tobacco amaurosis in a man aged twenty-four. Cured by *Nux V.* 1x, 3, and 1. The patient left off smoking. Case XV. Diplopia from insufficiency of internal rectus. After *Potas.-Iod.* gr. x, had been given three times a day at Moorfields without benefit, *Gels.* 1x proved curative in a very short time. Case XVI. Dizziness, mist before sight, coloured vision. This was a case where there was paralysis of accommodation following diphtheria. Under *Santonine* 3x the girl (aged twelve) got rapidly well. Dr. Moir read the notes of a case of santonine poisoning that had come under his notice, in which the drug had produced a condition exactly similar to that removed by it in his patient. Many of the cases were old-standing ones, well-known frequenters of the eye-clinics of many hospitals. Some were old acquaintances of his own, of the days when he was studying at Moorfields. Dr. Moir asked, in conclusion, if any members had had experience with *Aurum*; it had disappointed him. The paper was very favourably received, all speakers praising it warmly.

DISCUSSION.

Dr. DUDGEON mentioned the case of an old lady who had been extremely myopic all her life, and who from a very slight accident had detachment of the retina. She went to an allopathic oculist, but eventually put herself under homeopathic treatment again. On her return Dr. Dudgeon found the eye quite soft, and he fully expected it would shrink. However, under homeopathic treatment it refilled, and tension and appearance were perfectly restored, as they remain to this day; the vision has not been restored. He agreed with Dr. Moir as to the great usefulness of *Aconite* in many acute inflammations of the eye, whether idiopathic, or from wounds, operations, or bruises. He found *Hepar S.* specific in ulceration of the cornea. In the sudden attacks of amblyopia or amaurosis which sometimes

occur in young women *Belladonna* was most effective, as it was perfectly homeopathic.

Dr. CLIFTON, of Northampton, had had a good case of the action of *Aurum Metal*. Sometimes he found the *Iodide of Gold* act where the *Metallic Gold* did not. The case was a peculiar one. He sent the patient in the first instance to Mr. Hutchinson for his opinion. Mr. Hutchinson gave the man *Iodide of Potas*. and bark, with some application, and told the man he wouldn't get better. As Mr. Hutchinson declined to tell Dr. Clifton what his opinion of the case was, Dr. Clifton took the treatment into his own hands and gave *Aur.-Met.* 3, one grain three times a day. The man steadily got well and soon resumed his work as a clerk, in which he is still engaged.

- Dr. Clifton sent him back to Mr. Hutchinson, who examined him carefully, and was much interested. He came to the conclusion that if the recovery took place under his own prescription it was a "coincidence," and if under the *Aur.-Met.* it was a "freak of nature." Dr. Clifton had found *Cadmium Sulph.* 3 trit. very useful in keratitis. He had been led to it from using it in *ozæna*.

Dr. DRYSDALE was glad we had a specialist in ophthalmology. Patients with anything wrong with their eyes are apt to go straight to an oculist, who is usually an allopath. The eye is admirably fitted for showing the actions of medicines. He found *Aconite* very useful in inflammatory states not merely at the beginning but in the course of diseases. With *Aurum* he had not been successful; with *Kali Bich.* he had had good results. He had used *Clematis* with good effect, and would like to know if there was any particular indication. *Spigelia* he had also found of much benefit. A lady in middle life suffering from chronic inflammation of the cornea was cured by *Spigelia*, to which he was led by shooting pains in the eyeball. In rheumatic iritis *Spigelia*, *Mercurius*, and *Bichromate of Potash* had done him most service.

Dr. CARFRAE commented on the great poverty of the allopathic oculists in medicines. He praised *Bell.* in inflammation of the conjunctiva. He had been disappointed with *Aurum*. In reply to Dr. Blake, who asked what attenuations he had used it in, he said the low ones only.

Dr. GOLDSBROUGH asked if Dr. Moir had found *Argent.-Nit.* useful in ulceration.

Dr. NOBLE had found *Argent.-Nit.* 3x internally act exceedingly well in an infant suffering from purulent ophthalmia, scrupulous cleanliness being also of course observed. The cure was perfect in nine days. He asked if the B. P. solution of *Atropine* (gr. iv. to the ounce) was not too strong to prescribe the instillation of so frequently as four times a day. He had seen a case recently in which this had been done with the result of setting up *Belladonna* delirium, the patient wandering about London in this state for four hours.

Dr. JAGIELSKI has found electricity useful in cases of this kind.

Dr. CLARKE asked if Dr. Moir had found the dusting of calomel into the eye of service in cases of ulceration.

Dr. ROTH mentioned a case of brilliant cure of ulceration in a child by *Hepar Sulph.*; and two cases, a young lady and a young man, who had been treated by a number of most eminent oculists and were eventually cured by a young medical man who discovered that the great pain they suffered from, redness, and inability to use the

eyes, proceeded from eczema of the internal surface of the lids. This he cured by the application for a few times of a very weak solution of *Nitrate of Silver*. He then mentioned another case of sudden blindness of the left eye in a medical man. The first attack occurred two years and two months ago, he then being sixty-five years of age. Accustomed to hard mental and bodily work, after a day of more than usual fatigue, whilst resting, he picked up the *Times* to read, but all appeared very confused and he laid the paper down. On retiring to bed he was able to read as usual. Next morning, closing his right eye by chance, he found that with his left he could only see the outlines of a person standing a few yards off. Towards evening the lights of the lamps could not be seen in the streets, and all the shops seemed to be *hatters'* shops—everything was hats and caps and the spaces between them blue. Two eminent specialists examined the eye carefully, but could find nothing but a little œdema surrounding a certain spot in the centre of the eye. An embolus in a microscopic bloodvessel was diagnosed by one oculist. Homœopathic medicines have had no effect. Slight and partial absorption of the embolus has probably taken place. The light of lamps and objects held very near to the eye can be recognised. About twenty months after the first attack, after another exceptionally hard day's work, there was a second. The patient thought it was snowing in his consulting room, and on looking to see where the snow got in, the snow was suddenly changed to sparks.

Dr. BLACKLEY had found *Calomel* useful in cases of ulceration. He had cured diplopia with *Gels.* He mentioned the cases of *Osmic acid* poisoning in which he had observed retinitis and degeneration; there had been in the two patients acute nephritis with porter-like urine from the same cause before the retinitis was noticed. In increased tension of the eyeballs with tortuous veins he had found great good from *Hamamelis 1x* persisted in for a length of time. *Euphrasia φ* in drop doses was most effective in rheumatic iritis. In two cases of gonorrhœal origin an early resort to this medicine would cut short an impending attack. Once when *Euphrasia* failed in one of these cases *Laurocerasus* cured. He gave it because "a pain in the eyebrow shooting to the back of the eyeball" was complained of.

Dr. YELDHAM found *Bell.* the best medicine in inflammation of the conjunctiva. Latterly he had found *Sulphate of Atropia 3x* act in the same way but more rapidly. He gave five drops thrice daily. In cases where the affection depends on conditions of the brain, in sudden failure of sight in young persons, *Atrop.-Sulph.* is excellent.

Quin.-Sulph. 1-20, gtt. iii. three or four times a day, will be found most valuable in eye affections in persons run down in health. In scrofulous ophthalmia he found a solution of *Nitrate of Silver*, gr. i. to the ounce, of great service. In using eye-lotions he uses them only at bed-time. Laying the patient flat on the back, so that a cup is made at the inner canthus, he pours a few drops of the solution into this, and then bids the patient open and shut the eye. He had been disappointed with *Aurum*.

The PRESIDENT had found *Acon.* very useful in allaying pain in eye cases. He was much interested in the experience Dr. Moir had had with *Santonine*, as it was first introduced into eye-practice by himself, in conjunction with Dr. Ogston, of Aberdeen.

Dr. MOIR, in reply, thanked the members for the kind reception

accorded to his paper. He had gained many valuable hints. He agreed that *Bell.* was very useful in superficial inflammation of the cornea. He could not give the precise indications for *Clematis*. The case of Mr. Noble was certainly a warning against the too free use of *Atropine*. Yet the same prescription was given to hundreds of patients daily at Moorfields and elsewhere without bad results. He had seen delirium caused in a child. The necessity for giving it so strong was that it was not sufficient to dilate the pupil, accommodation must be paralysed as well. He thought *Calomel* was a useful application in ulceration and phlyctenular conjunctivitis, but the efficacy of homeopathic medicines rendered it unnecessary. He had never had a case go on to perforation. The patient mentioned by Dr. Roth should gain benefit from a steady perseverance in a course of *Arnica*. He had not found *Hamamelis* so successful as Dr. Blackley in increase of tension. He quite agreed with Dr. Yeldham as to the value of *Quin.-Sulph.* in debilitated patients, especially nursing women.

HOMOEOPATHIC PHARMACEUTIC ASSOCIATION OF GREAT BRITAIN.

THE usual quarterly meeting of this Association was held on Thursday, April 30th, in the Board Room of the Homeopathic Hospital, Great Ormond Street, London. The President, Mr. J. C. Pottage, occupied the chair. There was a large attendance of members, and much interest was manifested in the business that came before the meeting. The minutes of last meeting having been confirmed, and applicants for membership admitted, the Secretary submitted the report of the Council and expressed his satisfaction that the prospects of the Association were now so hopeful, and its promise of usefulness more assured than at any previous period of its existence.

The usual donation was voted to the London Homeopathic Hospital, and in regard to the claims of the Liverpool Hospital and other homoeopathic institutions of a similar character, it was agreed to give more mature consideration to the subject at the next quarterly meeting.

The next matter brought under consideration was the need of measures being taken to protect the public against the dispensing of homoeopathic medicines by unauthorised persons who could not be trusted to supply a pure article. It was stated that homoeopathic practitioners and others would only be too glad to take their medicines, by preference, from the accredited members of the Homeopathic Pharmacopoeia Association, and the President was requested to superintend the issue of a suitable handbill cautioning the public in regard to this danger.

The President then introduced the subject of the Pharmacopoeia, and after full discussion suggested that members might with advantage communicate their views in writing to the Pharmacopoeia Committee. This was agreed to.

The next matter was the new Poisons Bill introduced into the House of Lords. The President proposed that the Association should co-operate with the Pharmaceutical Society in petitioning against

the objectionable clauses of the Bill and obtaining a legislative measure more satisfactory for the public and for the profession.

It was resolved that the next quarterly meeting should be held at Scarborough.

After a vote of thanks to the Chairman the proceedings terminated.

SPECIAL CORRESPONDENCE.

BIRMINGHAM.

IN my last letter I carried the history of Homœopathy in this town as far as the end of the third year of the dispensary, viz., 1849. In the absence of the printed reports for the next ten years I am unable to give any details regarding the work done during this period, but can merely give a general summary of it, for which I am indebted to the memory of Mr. Lawrence, who was one of the founders, and also one of the original staff of the dispensary.

For the first few years the three honorary medical officers who started it worked alone both at the out-patient and home-patient departments, but before long they found it was more than they could manage; and besides, their private practices increasing, they could afford less time for gratuitous work, so that they soon appointed a house-surgeon to undertake nearly all the home-visiting work, and to assist with the out-patients.

There had already been three house-surgeons before 1860, and in that year the fourth, Mr. Henry Robertson, was filling that post. And here I may note, as an aside, how useful these house-surgeons are, in the absence of any homœopathic college, in providing the only satisfactory training-ground for future practitioners of Homœopathy; and, as example, I may mention that on giving up his post Mr. Robertson started in private practice in this town, and three others on the present staff have got their introductions both to Homœopathy and to Birmingham in the same way, while some half dozen or more have gone from our hospital to practise Homœopathy in other towns in England, and among them we are proud to include the President-elect of the next Homœopathic Congress, Dr. Herbert Nankivell.

The work of the dispensary appears to have steadily increased during these years so far as I can gather from those reports I have, for during this interval the mode of calculation was altered. Thus I find in the report for the year 1849 that 1,100 patients had been treated during that year, while in 1859 it is stated that there had been 17,138 prescriptions given. Now, according to our present calculation, each patient receives, on the average, five prescriptions, which would give us 3,427 as the number of patients treated in 1859, or an increase of over 300 per cent. in 10 years.

In 1859 Mr. Parsons left Birmingham; and his practice, together with his place on the staff of the dispensary, was taken by Dr. J. Gibbs Blake.

In the same year the hospital was opened, a modest beginning being made with six beds on March 11th, and twenty-three patients

being admitted before the end of the year. These beds were all appropriated for gratuitous cases, but in the report for this year the committee announce their intention to set apart a few extra beds for the use of such as could afford to pay the small sums of 7s. a week for women and 10s. 6d. for men, thus extending into the hospital department the excellent principle, which had existed from the first in the dispensary, of encouraging the poor who were not actually paupers to pay something towards the expenses of their own treatment.

In 1860 the hospital sustained the severe loss of its senior medical officer, and the pioneer of Homœopathy in Birmingham, by the death of Dr. Fearon; and it is not surprising to find that the attendances for this year were considerably less than during its predecessor, for already Mr. Lawrence had been compelled by stress of work, and consequent ill-health, to give up his attendance on out-patients for two or three years, so that on Dr. Fearon's death there only remained Dr. Blake and the house-surgeon to attend at the dispensary.

In 1861 the hospital for the first time received a share in the annual congregational collections in aid of local charities, the amount being £272 2s. 9d.; and I fancy this was the first occasion in England on which a homœopathic charity was thus publicly recognised as being equally deserving of support with those of the older and dominant system of medicine.

In 1864 Mr. H. Robertson resigned the house-surgeony, and was appointed one of the honorary staff; and in 1865 Dr. E. Wynne Thomas (who had been converted to Homœopathy by Dr. Blake, an old fellow-student of his) came from Wolverhampton, where he resigned an appointment of honorary surgeon to the South Staffordshire General Hospital, and was at once welcomed on the staff of our hospital. With these additional workers, we soon find the attendances at the dispensary increasing, as well as the number of patients treated in the hospital. The committee at this time began to feel the need of a larger building, and proposed to open a fund for the erection of a special hospital, which was nobly responded to on the spot, for at the meeting at which this was suggested—viz., on 6th February, 1866, two gentlemen each promised £1,000 towards it.

During the year 1867 a difficulty was experienced which, in the absence of a qualifying homœopathic school of medicine, it is surprising does not happen more frequently. The difficulty was in supplying the place of the house-surgeon, and for the greater part of the year the post was either vacant, or filled up temporarily by men who would appear to have known little of Homœopathy, and to have cared nothing for the well-being of the hospital; for even in the printed report they are spoken of as "inefficient," and there was a very great falling-off in the numbers attending the dispensary in the mornings, at which time the house-surgeon saw his patients. Towards the end of this year, however, a really good house-surgeon was obtained, who took an interest in, and was energetic at, his work, and the numbers soon began to pick up to such an extent that during 1868 there were 2,192 more prescriptions given to out-patients, and 644 more visits paid to home patients, than during 1867.

We have always found, and so long as the work is carried on as at present it is inevitable, that on the house-surgeon, according to

his energy and popularity or the reverse, depends the ebb or flow of attendances and the general well-being of the institution; and of late years, and particularly through the influence of Drs. Reith and Dyce Brown on the students at Aberdeen, we have been fortunate enough to get the right sort of men, most of whom have come from North of the Tweed.

In 1869 an offer was publicly made to the Committee of the Queen's Hospital, Birmingham, to test the efficacy of Homœopathy in their wards and out-patient department by appointing members of the staff of our hospital for the purpose, and paying all expenses out of our funds; but as the correspondence on this proposal is worth reproducing in an article devoted to itself, and as I have already advanced my narrative through twenty years, I will postpone the particulars of this offer and its refusal till next month.

ED. M. MADDEN, M.B.

Birmingham, 15th May, 1885.

LIVERPOOL.

THE present state of commercial depression in Liverpool interferes with the growth of the Endowment Fund for the new homœopathic hospital. This is unfortunate at the present time, as a considerable sum must be gathered together before our system will be in a position to avail itself of Mr. Tate's generosity in providing the building and setting the hospital going. Few are in a position at present to materially increase the sums they are accustomed to dispense for charitable purposes, but with the "good time coming" numerous subscriptions and donations are expected. Several of our medical men have promised £100 each.

The last meeting of the present session of the Homœopathic Medico-Chirurgical Society took place on the evening of May 7th. The election of officers for the next session resulted in Dr. Hayward being elected president; Dr. Moore, vice-president; and Dr. Gordon Smith, secretary.

Dr. Hayward narrated a case in which a girl attended school for one half-day with a slight eruption, which afterwards proved to be measles, and where twenty-five of the pupils proved to have contracted the disease from her, some of them being seventeen and eighteen years of age. Other cases were mentioned, supporting the general belief that measles is most infectious during the prodromal and catarrhal stages.

Dr. Mahony drew attention to the drug Guaco, and mentioned a case which had been benefited thereby. The symptom which led to his selection of this remedy was, "Burning pain down the spine, especially at the lower part, with pain at the occiput."

Dr. S. H. Blake then read the paper of the evening, entitled "Relations between Drugs and Disease."

After the discussion of Dr. Blake's paper, the meeting adjourned to the house of the retiring president, Dr. Moore, where they were joined by a few allopathic friends, with whom they discussed vexed questions of medical ethics and a substantial and sumptuous supper. The war of the "pathies," however, could not become fierce under

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the influence of the generous fare provided ; and two gentlemen who held very strong contrary opinions on the conduct of the Liverpool Medical Institution with regard to homœopaths, could be heard roaring on the subject "as gently as any sucking dove," while intolerance and resentment dissolved, *pro tem.*, in the flowing bowl.

H.

FROM ABROAD.

(ABSTRACTS.)

AMERICA.

HOMŒOPATHY and Liberty have won a great legislative victory in Texas. The State Medical Association (allopathic) had proposed a Bill providing for the appointment by the Governor of the State of a Board of Medical Examiners, who were to be selected from a list presented by themselves—*i.e.*, by the allopathic party. This was opposed on the ground of a clause in the Constitution of Texas which says that "no preference shall be given by law to any school of medicine;" and the Bill was withdrawn. Another Bill was prepared to provide for the appointment of an Examining Board, which should also be a Board of Health, with power to deprive of his licence any physician "guilty of unprofessional or disorderly conduct," the Board having the power to determine what might constitute such offence. It was contended by the promoters of the measure that homœopaths might be ignored in the constitution of the Board, as they were such an insignificant few—less than fifty to 4,000 allopaths. They proved neither so few nor so insignificant as the would-be legislators imagined; and when it came to a fight in the Senate only four were found to vote for the Bill, and twenty against it. Dr. C. E. Fisher, who fought for liberty before the Public Health Committee and in the public press, showed beyond doubt what the Bill was really aimed at, and the common fairness and common-sense of the Senate visited on the allopathic fraternity a crushing defeat.—*Medical Era.*

At Washington there was recently held a National Homœopathic Fair, to raise funds for the construction or purchase of a building for the Washington Homœopathic Hospital. The fair was a grand success; and on an appeal being made to the Congress of the United States a sum of 15,000 dollars was immediately granted in aid of the project. At the same time, the committee of the Garfield Memorial Hospital could only obtain from the Congress a grant of half that sum; one reason of this being their double dealing in relation to Homœopathy. General Garfield was a homœopathist, and a national memorial hospital in his memory should at least have provided that Homœopathy should be fairly represented in the treatment at such an institution. The committee, however, being strongly allopathic, guarded against this, whilst at the same time endeavouring to obtain homœopathic support. Here, as in Texas,

the evident unfairness of its opponents has only served to increase the power and popularity of the homœopathic system.—*U.S. Med. Investigator.*

At a recent meeting of the Homœopathic Society of New York County, Dr. Edgar V. Moffat read a paper in which he made a suggestion in explanation of the action of medicines given in alternation. His leading idea was this:—"Two drugs given homœopathically, either together or in alternation, will prove antagonistic if the primary action of the one corresponds with the primary action of the other; or the secondary action of the one with the secondary action of the other. On the other hand, they will prove complementary if the secondary action of the one corresponds with the primary action of the other." *Nux* and *Sulphur* agree when given in alternation because *Nux* produces constipation by its primary action and secondarily diarrhoea, whereas *Sulphur* first purges and secondarily constipates. On the other hand, *Aloes* and *Sulphur* are antagonistic, because they both produce diarrhoea primarily. *Bryonia* and *Alumina* in the same way antagonise each other, their primary action being similar. *Chamomilla* and *Opium* complement each other, giving a relation of "Synergism"; but *Plumbum* and *Opium* are antagonistic. Dr. Moffat contended against the habit of alternating. Dr. Lilienthal did not like alternation, but confessed he occasionally found it work very well in practice, especially the alternation of a very high and a very low attenuation of the same drug. Dr. Allen thought he had distinctly observed in his practice, when he had alternated *Aconite* and *Belladonna* in cases where there was fever, dilated pupils, dry throat, etc.—some symptoms of *Aconite* and some of *Belladonna*—that the action of each over the symptoms indicating its use was clearly impaired by the presence of the other drug. He hardly ever used two drugs at a time now, and thought the practice to be deprecated on theoretical grounds. He contended that a physician should only give, in cases of haemorrhoids requiring them, either *Nux* or *Sulphur*, and then if one failed give the other. He would thus learn from his experience. Dr. Helmuth said he found the vials in his medicine-case growing larger, and the tinctures in them stronger than formerly. According to Dr. Allen's showing, a physician by alternating *Nux* and *Sulphur* would cure twice as quickly as by giving one singly. He did not believe there was any law except that of experience regulating alternation. Drs. Doughty and Helmuth praised *Chlorate of Potash* for nausea and flatulence after ovariotomy, even though some other medicine was being given at the same time. Dr. Helmuth said:—"After the performance of ovariotomy, if on the second or third day there is distention of the abdomen with flatus, arising probably from some slight peritoneal rather than gastric disturbance, the *Chlorate of Potash* will in the majority of instances relieve the symptom; but it will have no effect on the severity of the surgical traumatism. For this *Hypericum* ought to be given, and given in alternation with the *Kuli*; and I have seen both symptoms disappear in a most satisfactory manner from the use of these two drugs in alternation. This I know from actual experience oftentimes repeated. I do not, however, believe that *Chlorate of Potash* is the great medicine for the cure of ordinary flatulence; on the contrary, there are other medicines undoubtedly superior." Dr. Lilienthal said *Chlorate of Potash* acted like a charm; and Dr.

Allen said that Mr. Whymper, on ascending to the great mountain altitudes, found *Chlorate of Potash* relieve him of the cold extremities and gasping for breath.—*American Homœopathist.*

Dr. E. M. Hale sends an account of some experience he has had with *Adonis Vernalis* in cardiac cases, in which its action resembles that of *Digitalis* and *Convallaria*. He used doses of from two to five drops of the fluid extract of Parke and Davi⁴. Its action was very markedly beneficial in a case of severe valvular disease, and also in a case of feeble heart from excessive smoking. In the latter case there was a return of the heart symptoms when smoking was resumed, but cure resulted when it was again left off. Under simple abstinence from smoking the case had no tendency to get well of itself, and *Digitalis* and *Nux Vomica* were unable to restore the strength of the heart; *Adonis* succeeded.—*American Homœopathist.*

The Eastern States are just now powerfully exercised on the subject of the "mind cure." The belief in the superlative efficacy of this treatment of disease has found many adherents. The primary idea underlying the belief seems to be, that as the material body is but the expression of the immaterial spirit, the latter, which is the real and enduring part, is that on which the doctor ought to work. If the spirit can be brought into harmony with the realities of existence, the body will of necessity be in health. This would be all very well providing there were no limits to the power of the will over the body, and if the body had no power over the will. The question was recently discussed before the Boston Homœopathic Medical Society, and Dr. C. Wesselhoeft opened the discussion, contending that the "cures" were the results of delusion. Dr. Carville related a case of hysteria, in which the patient was pampered and humoured in her whims for some years by her medical attendant. She recovered perfectly when her doctor died! The discussion, as may be imagined, settled nothing. Both sides had part of the truth. Man is a miraculous combination of mind and matter, and the true physician will not treat his patients as if they were either the one or the other exclusively. The power of the will to determine recovery in certain critical states is well known to all physicians of experience. If patients make up their minds to die, die they will; and if they make up their minds to live, they will often live in spite of the doctor's opinion to the contrary.—*Medical Advance, Boston Letter.*

"Selah," in the *Medical Era*, thinks a new specialist is wanted—a Breathologist. He thinks that much more often than the teeth or the stomach the tonsils are at fault when people have bad breath. The small cheesy concretions found in the tonsils are the source of the bad odour.

FRANCE.

THE *Bibliothèque Homœopathique* of March contains an admirable study by Dr. Leboucher, president of the *Société Hahnemannienne Féderative*, of the disease produced by eating the fruit of *Lathyrus Cicera*, and called Lathyrism. This affection is characterised by pain and cramps in the limbs with paralysis, an affection closely

resembling that known as spastic paralysis in medicine. He concludes his paper by giving an account of clinical experience with the drug from veterinary medicine, a number of horses having been cured by it when it was homœopathically indicated. We have ourselves had interesting clinical experience with *Lathyrus Sativus*, which we hope to publish at an early date.

BELGIUM.

DR. GODEFROID succeeds Dr. Martiny as President of the *Association Centrale des Homœopathes Belges*. At the January meeting of the Society, at Brussels, Dr. Martiny addressed his colleagues before retiring from the president's chair. He referred in most touching terms to the irreparable loss the Society had sustained by the death of Dr. Bernard. An admirable posthumous monograph by Dr. Bernard, "Investigations sur la Diarrhée," is now appearing in successive numbers of the *Revue Homœopathique Belge*.

REVIEWS OF BOOKS.

DISEASES OF THE EAR.¹

THE author of this work tells us that it is "designed as a manual for the student and general practitioner," and we may say at once that it admirably fulfils its design. In a handy volume of 167 pages, printed on excellent paper, and in type that it is a pleasure to read, we have all the information regarding the ear that it is necessary for the student and the general practitioner to know. For those who wish to devote special attention to this branch it will be necessary to consult the larger treatises. Of the great importance to general practitioners of an accurate knowledge of the leading features of ear diseases Dr. Sterling speaks in the strongest terms, and not a whit too strongly. In the multiplicity of studies now pressed upon the medical student the ear comes in for but a poor share of attention during the period of study; and too often, on leaving college, the new graduate, through no fault of his own, possesses but the proverbially dangerous "little knowledge" of the subject. To all who feel that such is the case with them we heartily recommend Dr. Sterling's little book. Among the medicines recommended we find some that are somewhat new to us. For the evils that are so troublesome in the external portion of the ear, Dr. Sterling speaks highly of *Calcarea Picrata*.

"[The remedies for this affection] are *Hepar Sulph.*, *Picric Acid*, and *Calcarea Picrata*. The pain, the swelling, and the tenderness are common to

¹ The Diseases of the Ear and their Homœopathic Treatment; with a brief Outline of the Anatomy, Physiology, and Pathology. By C. F. Sterling, M.D. New York: A. L. Chatterton Publishing Company. London: Homœopathic Publishing Company. 7'.

the three remedies, but in *Hepar Sulph.* the constitutional symptoms are more pronounced, and the swelling and infiltration greater. Itching is often felt. *Picric Acid* when it is more limited. *Calcarea Picrata*, though yet without a proving, seems to combine the qualities of both."

In chronic catarrhal inflammation of the middle ear Dr. Sterling speaks highly of *Kali Mur.* :—

" No remedy in the *materia medica* meets so many cases as *Kali Mur.* It is useful in recent cases and in old cases. Its especial sphere of action seems to be in the catarrhal cases without pain, in which there have been secretion, hypertrophy, and accumulations. In the true proliferous cases it is of less use. It seems to lessen the secretion, clear out the accumulated mucus, and reduce the chronic swelling of the mucous membrane in the throat, tubes, and tympanum."

For the various uses of that very useful medicine *Plantago* we must refer our readers to the book itself. We will conclude this notice by citing two valuable hints :—

" Many times you will be consulted for an earache, but upon examination you will see no congestion, no bulging, no apparent cause for the pain. *Look at the teeth.*"

" Many [catarrhal] affections occur in persons who wear false teeth. It has been a favourite practice with dentists to make these false teeth on red gum-plates, in which there is a large amount of mercury. In persons who are sensitive to the action of this drug the parts of the mouth covered with the plate will frequently be found extensively ulcerated. When such a condition exists it is absolutely imperative that these mercury plates be removed,"

DISEASE OF THE NARES, LARYNX, AND TRACHEA IN CHILDHOOD.¹

THIS able and exhaustive treatise is, the author tells us, the fruit of thirty years of study and experience. Should this be well received, he says he hopes to bring out a further volume on Disease of the Bronchi and Lungs. From the admirable qualities of the work before us we confidently look forward to the appearance of its successor. Dr. Nichol has adopted the excellent plan of condensing at the end of each chapter the gist of what has gone before into aphorisms. We hope this plan will be largely followed by other writers. The work treats of the different kinds of coryza, spasm of the glottis, the various kinds of croup, and inflammation of the trachea. Dr. Nichol distinguishes between spasm of the glottis, acute laryngeal catarrh, and spasmodic croup. Of course he is quite right to distinguish between pure spasm (*Laryngismus stridulus*) and affections where there is evidence of catarrh; but we think the distinction between acute laryngeal catarrh and spasmodic croup is more theoretical than clinical. The description of the two is very similar, and also their treatment and

¹ Diseases of the Nares, Larynx, and Trachea in Childhood. By Thomas Nichol, M.D., LL.D., S.C.L. New York : A. L. Chatterton Publishing Company. London : Homeopathic Publishing Company.

diagnosis. We place the aphorisms relating to these two disorders in parallel columns:—

ACUTE CATARRHAL LARYNGITIS.

"Acute catarrhal laryngitis, also called catarrhal croup, is simply a catarrh of the larynx which assumes the croupous form when the epiglottis and rima-glottidis are involved."

"The leading homeopathic remedies are *Aconite*, *Spongia*, *Hepar*, *Tartar Emetic*, and *Belladonna*."

"*Sanguinaria* will remove the predisposition to the disease."

SPASMODIC CROUP.

"Spasmodic croup is a combination of catarrhal laryngitis and violent spasm of the interior muscles of the larynx."

"The homeopathic remedies are *Aconite*, *Spongia*, *Phosphorus*, and *Sanguinaria*."

"The best prophylactics of spasmodic croup are warm clothing judicious exercise, regulated bathing, and the persistent administration of *Sanguinaria* and *Phosphorus*."

We should say there was hardly sufficient distinction to make two diseases here. In chronic coryza Dr. Nichol recommends *Cyclamen Europeum*, "when the patient sneezes a good deal, with profuse discharge and rheumatic pains in the head and ears." He quotes a cure with this remedy in an old-standing case in a lady of sixty, by Jahr. We miss *Merc.-Cyan.* in the list of remedies recommended by the author for diphtheritic croup. It should certainly have had a place.

INTERMITTENT FEVER.¹

THE first edition of this work appeared in 1879, and it met with such a favourable reception that it was soon exhausted. The present edition is a greatly enlarged one. In addition to the fever symptoms themselves the leading characteristics of each remedy are given, and a complete repertory is appended. In its present form the book is the most complete work on the subject that we have seen; and we may here remark that it will be found useful by all practitioners whether in malarial districts or not. We are all called upon to treat anomalous feverish states that do not yield to the usual fever remedies, and these we shall often be able to deal with successfully by consulting Dr. Allen's treatise. The plan of the work is as follows. First, the general characteristics of a medicine are given; then the type of its fever is described, the time of its occurrence, chills, heat, sweats. To these are added, aggravation, prodrome, apyrexia, tongue and pulse, and clinical experience is appended. Dr. Allen strongly recommends most careful individualisation in all cases. He quotes Hahnemann in favour of giving one dose a short time after the termination of the paroxysm, and endorses the practice. He also approves of the example set by Hahnemann in decreasing the dose as he increases his knowledge of the *materia medica*. At the same time he fully appreciates the value of

¹ The Therapeutics of Intermittent Fever. By H. C. Allen, M.D., University of Michigan. Philadelphia: F. E. Boericke. 1884. London: Homeopathic Publishing Company.

characteristic symptoms as guides to the selection of drugs. He quotes Dunham to this effect:—

"Our most characteristic indications for the use of a drug which presents well-defined general symptoms, as *Arsenic* does, and indeed as every well-proved drug does, are derived, not from its local action upon any organ or system, not from a knowledge of the particular tissues it may affect, and how it affects them, but upon the general constitutional symptoms and their conditions and concomitants. A case will serve to illustrate not merely this point but also another, viz., the detection and treatment of what are sometimes called 'marsh intermitents,' by which is meant a disease clearly resulting from marsh malaria, but which nevertheless does not manifest itself by the customary paroxysms of chills, heat, and perspiration which constitute intermittent fever."

The case was that of a precocious child of twelve, who for eighteen months had suffered from severe pain in left ear. Nothing could he discover wrong with the ear, and it was diagnosed to be otalgia, and the symptoms corresponding to *Chamomilla*, that medicine was prescribed. In vain. Dunham now learned that she had been under homeopathic treatment before, as well as allopathic, and thought she would doubtless have had *Cham.* already. He visited her repeatedly at her residence at different times of the day, and found the attacks regularly paroxysmal, attended by the peculiar thirst of arsenic, restlessness, anguish, and followed by prostration; an arsenic gastralgia and diarrhoea were also present. The situation of the house favoured the idea of malaria. *Ars.* 200 was given. In five days the paroxysms ceased, but in their place came regular paroxysms of chill, heat, and sweat. These recurred for four days, leaving the patient well.

AMERICAN MEDICINAL PLANTS.¹

WE have received the second fascicle, containing Numbers 6 to 10 of this beautiful work. As in the first fascicle, we have portrayed some old friends that are not distinctively American, as the *Viola Tricolor* and *Geranium Maculatum*; but the greater number are true children of the West. It is impossible to praise too highly the artistic skill displayed in getting up this work, and all who care to see what the faces are like of the friends who have served us so well at the bedside, cannot do better than make themselves possessors of this truly admirable gallery of plant-portraits. The letterpress explanations are excellently done.

LITERARY NOTES AND NOTICES.

DR. ROTH announces that the Society for the Prevention of Blindness will shortly publish a translation of Dr. Ernest Fuchs's "Die Ursachen und die Verhütung der Blindheit" (The Causes and

¹ American Medicinal Plants; an Illustrated and Descriptive Guide, etc. Fascicle II. By Dr. Millspaugh. New York and Philadelphia: Boericke and Tafel. London: Homœopathic Publishing Company.

Prevention of Blindness). Dr. Fuchs is Professor of Ophthalmology at the University of Liège, and his work was awarded the 2,000 francs prize offered by the Society, whose property the work has now become. It is expected that the work will shortly be out of the printer's hands.

Dr. Edmund J. Lee proposes to issue by subscription a *Repertory of Characteristics*. This work is founded on Lippe's *Repertory*, and Dr. Lee has taken over the MSS. left by Dr. C. Lippe at his death. "For many years Dr. Lippe had been correcting the first edition of his *Repertory*, and had been receiving numerous and reliable additions from all sources. To these he had added the rich treasures of Boenninghausen's experience—treasures hitherto hidden in their German casket, and now opened for the first time for the use of English readers." To this material will be added other collected during many years by the editor himself. Of course, clinical symptoms are included, and clinical symptoms, when repeatedly verified, are just as good as any other. In this respect the *Repertory* will be complementary to Dr. Allen's. In the printed sample of the work the arrangement is admirable. It will form an excellent index to works like Hering's *Guiding Symptoms*. The drawback will be that references to the original sources of the symptoms cannot be given, as they are in Allen, and so we must take them on trust. It is to be issued in one volume, a "pocket edition" at 7 dollars, and an "office edition" at 8 dollars. A third of the necessary subscriptions have already been received. The work will be unique in its kind, and we think our readers cannot do better than add their names to the subscription list.

REPORTS OF INSTITUTIONS.

LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

We have received the report of the Thirty-fifth Annual General Meeting of the governors and subscribers of the above institution, which was held at the Hospital in Great Ormond Street on Thursday, April 30th, 1885. The Lord Ebury occupied the chair. The Report, as we anticipated in our last number, was in every way satisfactory. We quote as follows:—"The Board of Management are able to report that at no period of its history has the Institution been in a more efficient condition, nor the funds in so hopeful a state, while in no single year have so many patients been admitted into the wards, or treated among the out-patients, as during the year just closed. The Medical, the Nursing, and the Domestic departments not only display increased activity, but are in a state of much efficiency."

The most important event of the year (which ends March 31st) was the opening of the New Wing in April, 1884. This has admirably answered its intention. The additional accommodation provided for the nurses is excellent, and the Nursing Institution is now in a more flourishing condition than at any previous period. The Conversazione held at the opening of the Wing realised £485 for the funds of the

Hospital. Among the subscriptions we notice that a nobleman has generously decided to contribute £200 annually. In his speech, seconding the adoption of the Report, the hon. treasurer, Major Vaughan Morgan, said: "I need not, after the remarks of our noble Chairman, say anything about the Report itself; but I should like to emphasise a few points, and will commence with the Nursing Institute, which, in the past year, has been so much extended. We have now accommodation for fifty nurses, but have only thirty-five on the staff. We can train the fifty nurses, if only we can depend upon such a demand from medical men and their patients as shall support so large a staff. There is no reason why we should not have fifty nurses. The Nursing Institute is now very much developed, as compared with its state several years ago, but it is still capable of very great further development. The nurses continue to receive unqualified praise, and those who send for the assistance of a nurse once, always, in case of need, send again. I would ask the medical profession generally to kindly bear this in mind for the good of their patients as well as of the Hospital and Homœopathy generally. Not only has the Nursing Institute progressed, but the Hospital also has been greatly developed. We have now ward accommodation for ninety-two patients against seventy in former years. (Cheers.) This calculation includes the Bayes Ward, which, as you have heard, is unoccupied for want of funds. Nothing would please us more than to fully equip that ward, and bring it into the general hospital work. . . . Turning to the Endowed Beds of the Hospital, a most interesting and hopeful feature—(cheers)—the number has been increased during the year by the Hon. Wm. Bedford Cot (cheers), which was endowed by a friend at the suggestion of our Clerk, Mr. Attwood, and the Percy Mitford Bed (applause); the latter being endowed by the Hon. Mrs. Percy Mitford, acting on the suggestion of Dr. De Noe Walker. We have heard from our noble Chairman of the "Gordon Bed," the first annual subscription of £35 for which has just come to hand. A worthier monument to the memory of General Gordon could hardly be devised (applause), and I hope that others may be induced to follow the example of the lady who has undertaken to endow for a specified period the "Gordon bed." It is a simple act of justice to mention that Dr. Dudgeon was instrumental in securing this endowment. As to our Mutual Endowment Beds, about the name of which there appears some little vagueness, allow me to explain that there are four beds maintained in the following way:—A Girl's Cot is maintained by the subscriptions of little girls; a Boy's Cot is maintained by the subscriptions of little boys; a Bed for a Female Patient is maintained by ladies; and a Bed for a Male Patient is maintained by the subscriptions of gentlemen. Well, we have all the subscriptions promised which will be necessary to maintain these beds (applause); but, of course, as we may lose a certain proportion of subscriptions every year, we shall still want the addition of others. One item affording us great encouragement appears in the balance-sheet, the commencement of a Samaritan Fund by Mr. George Sturge, by a gift equivalent to £500. It is of the greatest value in hospital work to be able to send patients recovering from severe or prolonged illness away to the seaside or any other suitable locality, and provide them, for a time, with good nourishment. (Hear, hear.) Hitherto for such work as this we

have been obliged to appeal to individual friends; Members of the Board, or the Lady Visitors. And it is hardly a fair demand upon those who already give freely of their time and means. But it is hoped that this will be the commencement of a Samaritan Fund which will enable us to meet the proper demands of our own Hospital of this kind, and later, we may even be successful in acquiring a house for a Convalescent Home of our own.' . . . Before I sit down I may announce that two articles are especially wanted in the Hospital, because some kind friends may feel disposed to give them. One is an additional spinal carriage, the other is a sofa or couch. That munificent friend of this Hospital, Miss J. Durning Smith, has most kindly presented us with a specially made spinal carriage, but we have now so many children in our Children's Ward, and the advantage to them of fresh air, when the weather permits, is so important, that we are anxiously hoping to receive another. In conclusion, I beg to second the proposition that the Report be adopted, printed, and circulated. (Cheers.)

The motion was carried *nem. con.*

It was at this meeting that the announcement of Dr. Mackechnie's resignation was made. It was accepted with great regret; and Mr. Cameron and Dr. Blackley spoke in warm terms of the services rendered by Dr. Mackechnie to the Institution and the high esteem in which he was held by his colleagues.

THE SOCIETY FOR THE PREVENTION OF BLINDNESS AND THE IMPROVEMENT OF THE PHYSIQUE OF THE BLIND.

WE have received the fourth and fifth Annual Reports of this excellent Institution. During the past year the Society awarded a prize of £80 for the best essay on the Causes of Blindness and the Practical Means of Preventing it. The award was made by an International Jury at the Fifth International Congress of Hygiene, at the Hague, on August 24th, 1884. Seven essays were sent in, all of great merit, the first prize being adjudged to Dr. Ernest Fuchs, Professor of Ophthalmology at the University of Liège (Belgium). This work has now been translated into English, and will shortly be published, when we hope to give a review of it in our pages. The second prize of £40 (1,000 francs) given by the International Society for the Improvement of the Condition of the Blind was awarded to Dr. Wilbrand, of Hamburg. The third work in point of merit was by Dr. Mules, of Manchester. He received the medal and diploma of the International Society.

The Society continues its admirable work of diffusing knowledge relating to the eyes, the want of which knowledge is the most fruitful of all the causes of blindness. Nearly 25,000 of the Society's publications were distributed at the Health Exhibition. We extract the following from one of the Society's leaflets:—

"There are 300,000 blind in Europe, and 31,000 in England. Of this

¹ The Lord Ebury has, with his usual generosity, sent a donation of £5 to this fund since the meeting.

number not more than one-third should really be blind; the other two-thirds can attribute their blindness to ignorance and neglect.

"The number of blind-born is three per cent., and the large number of new-born children who are affected by inflammation of the eyes become blind through the ignorance of mothers and monthly nurses, who neglect to call for medical aid in time. More than half of all the children in the Blind Institutions in Europe owe their blindness to this cause, and the majority of them are numbered among the blind-born.

"The ignorance of teachers and of working men and women engaged in various trades which predisposes them to many eye-diseases and indirectly to blindness, forms another great cause of blindness.

"Finally, the ignorance of many general practitioners in the treatment of eye-diseases is also a serious source of this affection. Small-pox, measles, scarlatina, scrofula, and various accidents furnish the rest of the causes predisposing to blindness.

"At present there is a general endeavour to educate the young and to relieve the adult blind, but there are only a few people who think of the importance of *preventing* the causes of blindness.

"A Society was started in 1880 (for the Prevention of Blindness and the Physical Improvement of the Blind), having for its object the study of the causes of blindness and their prevention, objects which they hope to carry out by popular instruction in the hygiene of the eyes, by inducing the examining bodies granting medical licences to be more strict in their examination for eye-diseases, and by determining the best methods of preventing eye-diseases in all those occupations and trades predisposing to them. It is not proposed to spend money in building special institutions, as one object of the Society is to induce the Committees of the various Blind Institutions already established to pay more attention to the physical development of all blind persons, which, according to Mr. Campbell (the Head Master of the Normal College and Academy of Music for the Blind, at Upper Norwood), is the 'lever which gives irresistible force to all the other education of the blind. Without it, all other education, however efficient, fails to achieve its purpose. . . . The secret of success rests fundamentally on physical training.'

"The Society has already tried to introduce physical exercise in the Home for Blind Children in Kilburn, and a class of adult blind, and blind visitors also, occasionally have a lesson in similar exercise. Another class has had the advantage of a popular lecture on the elementary rules of health."

The hon. treasurer and secretary, Dr. Roth, who is the life and soul of the Society, would be very happy to be relieved of his official duties if any one interested in the work would come forward to relieve him of them. In the meantime subscriptions may be sent to him at his address, 48, Wimpole Street, London, W.

The extract we have quoted mentions the Principal of the Royal Normal College and Academy of Music for the Blind, at Upper Norwood, F. J. Campbell, LL.D. Dr. Campbell is himself blind, and the work he has done for the welfare of those deprived like himself is almost incredible. A visit to the College would well repay any one who has an afternoon to spare, and Dr. Campbell is glad to receive visitors, the visiting days being the first and third Thursdays in each month.

GENERAL CORRESPONDENCE.

[*By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.*]

LETTER FROM DR. BERRIDGE.

To the Editor of the Homœopathic World.

SIR,—I regret that you have imposed a semi-*clôture* on the controversy between Dr. Dudgeon and myself, as his last article in your May number abounds with inaccuracies calculated to seriously damage Homœopathy. However, as I cannot consent to enter the arena with my hands tied, I must here leave the matter so far as your journal is concerned. There are, nevertheless, two points on which I demand justice at your hands.

First, one of Dr. Dudgeon's attacks upon me is simply founded on a misprint. I wrote, "The *Genius* of the Homœopathic Healing Art," and the printer altered the second word into "*Genesis*," the mistake being overlooked by me in proof-reading. In the *Hahnemannian Monthly*, iii. 301, Dr. Lippe says, "The paper is an introduction, and entitled, 'The Genius of the Homœopathic Healing Art' (*Geist der Homœopathischen Heilslehre*), which is followed by a 'Preliminary.'" It is in this "Preliminary" that the following important passage occurs:—"In order to prove a remedy on healthy persons, equally high dilutions and potencies should be taken as are used for the purpose of cure—viz., pellets moistened with the 30th potency."

Secondly, I deny *in toto* Dr. Dudgeon's assertion that "The other points in Dr. B.'s article which require an answer I have already replied to in my first communication, so they do not need any further notice." Dr. Dudgeon has not even attempted to reply to my charge that a large number of symptoms given by Hahnemann as characteristic are omitted by Black. However, as in your editorial note you state that you will be happy to hear any further remarks on points of the *Materia Medica*, I will avail myself of your promise, and at an early date give some parallel passages from Hahnemann and Black, which will demonstrate, without any further words of mine, the accuracy of my charge of imperfection, which is the *real* point at issue in the controversy.

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens,
Hyde Park, W.

AN APPEAL.

SIR,—The following appeared in the April issue of the *Monthly Homœopathic Review* :—"A homœopathic physician, seventy-five years

of age, having, owing to a protracted illness from a second attack of lumbar abscess, been for long unable to practise, and having consequently incurred liabilities which he is now unable to meet, is asking the help of his friends towards raising a sum of £200."

This money is asked to enable the applicant to make such an arrangement with his creditors as will secure his household furniture to his wife and daughters in the event of his death from another attack of the disease referred to.

Of this £49 3s. has been kindly contributed by the following friends: Drs. Dyce Brown, Drury, Herbert Nankivell, Drysdale, Ker, and Kidd; the Bishop of Winchester, Canon Basil Wilberforce, and Rev. R. Vint; Major-General H. Lewis, and Colonel Swinton; Rolles Driver, Esq., J.P., Edwin Jones, Esq., J.P., James Bishop, Esq., Mayor of Southampton, and John Potts, Esq., M.R.C.S. and J.P., of Sunderland.

Dr. Dyce Brown, of Seymour Street, London, W., and Rolles Driver, Esq., J.P., of Rockstone Place, Southampton, will kindly receive further contributions, and the latter will see that the money is applied to the purpose for which it is solicited.

Yours faithfully,

A SUBSCRIBER TO AND A CONSTANT READER OF THE
"HOMEOPATHIC WORLD."

May 11th, 1885.

[We have much pleasure in inserting the foregoing appeal, and trust it may meet with a liberal response. We shall be happy to receive subscriptions in aid of our colleague and his family in their misfortune, and subscriptions forwarded to us will be acknowledged in subsequent numbers of the journal.—ED. H. W.]

VARIETIES.

THE REV. H. R. HAWEIS ON LONGEVITY.—Most boys find it difficult to keep up their music at school. With me it was the reverse; my ill-health was the making of my music. I remember Sir Benjamin Brodie, the great doctor, a thin, wizen, little old man, coming and staring at me, about the year 1848, at No. 2, Spanish Place, my grandfather's house in London. I was then suffering from hip disease. They asked him whether I should be taken to Brighton. He mumbled something to himself, and turned away to speak with my father aside. I merely noticed an expression of great pain and anxiety on my father's face as he listened. Afterwards I knew the great doctor had said it did not matter where I went, for in any case I could not live. He thought it was a question of weeks. He little knew how much it would take to kill me. People are born long-lived. It runs in families. It has little to do with health or disease. If you are long-lived you will weather disease, and if you are short-lived you will drop suddenly in full health, or be blown out like a candle with a whiff of fever or bronchitis. My grandfather died

Rector of Aldwinkle when past eighty; my father having been given over at thirty-two by his doctors, as I was condemned by Sir Benjamin Brodie at eleven, became Rector of Slaugham, Sussex, at seventy-two, and was made a Canon and Prebendary of Chichester Cathedral when hard upon eighty. He picked up his general health about sixty. I was more fortunate, I picked up mine before thirty. Sir Benjamin pocketed his fee and departed. In great perplexity what to do, we cast lots; I think it was at my suggestion. The lot came out in favour of Brighton. To Brighton I was taken apparently in a dying state, but at my grandmother's house in Brunswick Square I began rapidly to amend.—*My Musical Life*, Vol. I.

KOLA.—M. Dujardin-Beaumetz recently exhibited several specimens of kola, the fruit of the Central African tree *Sterculia Kola*. The negroes esteem the fruit very highly on account of its medicinal properties, which they consider to be tonic, nutritive, excitant, and aphrodisiac. They use it both fresh and in the form of infusion. Analyses show that kola contains a large amount of caffeine, and of tannin, with a little theobromine. It is therefore adapted to the treatment of tropical diarrhoea, of cardiac failure, and of many atonic states. Surgeons on shipboard have proved its efficacy in the first-named of these diseases. M. Dujardin-Beaumetz has employed this drug as an infusion (a cupful containing fifteen grammes twice daily) in the form of liquid extract, or prepared like chocolate, with good effect in chronic diarrhoea and in cardiac affections. Kola, he concludes, is tonic and astringent, in virtue of its tannin and theobromine, and acts as a heart stimulant mainly by means of its caffeine. (*Progrès Médical*, June 7th, 1884.)—*Practitioner*.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Abercrombie (J.). Student's Guide to Medical Jurisprudence. (Churchill. 7s. 6d.)
- Allbut (T. C.). Clinical Lectures on Scrofulous Neck and Teale's Surgery of Scrofulous Glands. (Churchill. 2s.)
- Arnold (A. B.). Manual of Nervous Diseases, and an Introduction to Medical Electricity. (New York. 10s.)
- Barbour (A. H. F.). Spinal Deformity in Relation to Obstetrics. With 28 Plates. (New York. 30s.)
- Beale (Lionel S.). Urinary and Renal Derangements and Calculous Disorders. Hints on Diagnosis and Treatment. (Churchill. 5s.)
- Brunton (T. L.). Text Book of Pharmacology, Therapeutics, and Materia Medica. (Macmillan. 21s.)
- Bryant (T.). Death from Acute Intestinal Strangulation and Chronic Intestinal Obstruction. (Churchill. 3s.)
- Cathcart (W.) and Caird (F. M.). Johnston's Student's Atlas of Bones and Ligaments. (W. and A. K. Johnston. 15s.)
- Churchill (F.). Face and Foot Deformities, with Illustrations of New Appliances for the Cure of Birth Mark, Club Foot, etc. (Churchill. 10s. 6d.)
- Cutter (C. W.). Medical Students' Essentials of Physics. (New York. 3s.)
- Ellis (G. E. R.). An Introduction to Practical Organic Analysis. (Longmans. 1s. 6d.)
- Hood (P.). A Treatise on Gout, Rheumatism, and the Allied Affections. 3rd edition, revised and enlarged. With a Chapter on Sleep. (Churchill. 7s. 6d.)
- Materia Medica Cards. Organic (48 in number). (Edinburgh. 2s. 6d. Packet.)
- Mitchell (S. Weir). Lecture on Diseases of the Nervous System, especially in Women. 2nd edition. (Churchill. 8s.)
- Nichol (T.). Diseases of the Nares, Larynx, and Trachea in Childhood. (New York. 12s. 6d.)
- Pepper (W.) and Starr (L.). A System of Practical Medicine by American Authors. Vol. I. Pathology and General Diseases. 8vo. (Philadelphia. 25s.)
- Robinson (W.). Endemic Goitre or Thyrocele. (Churchill. 5s.)

Roth (M.). An Essay on the Prevention and Rational Treatment of Spinal Curvature. With numerous Illustrations. (Baillière. 6s.)

Simon (W.). Manual of Chemistry. Text Book specially adapted for Students of Pharmacy and Medicine. (Baillière. 15s.)

Sterling's (C. F.) Diseases of the Ear and

their Homœopathic Treatment. (New York. 7s. 6d.)

Thompson (Sir H.). Pathology and Treatment of Stricture of the Urethra and Urinary Fistula. 4th edition. (Churchill. 6s.)

Thorburn (J.). A Practical Treatise on the Diseases of Women. Illustrated. (Griffin. 21s.)

* * To be continued Monthly.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct and return to the Editor as early as possible.

BOOKS AND JOURNALS RECEIVED.

Annals of British Homœopathic Society.—Allgemeine Homœopathische Zeitung.—Baths and Bathing.—Zoophilist.—Monthly Homœopathic Review.—Reports of Society for Prevention of Blindness.—The Prevention of Spinal Curvature, with Chart. By Dr. Roth.—North American Journal of Homœopathy.—Medical Advance.—Revue Homœopathique

Belge.—Homœopatische Monatsblätter.—Medical Investigator.—Dublin Journal of Medical Science.—Bibliothèque Homœopathique.—New York Medical Times.—The Apothecary, Ancient and Modern.—Calcutta Journal of Medicine.—St. Louis Periscope.—United States Medical Investigator.—Medical Advocate.—Clinique. Medical Visitor.—Chemist and Druggist.—Traitement de la Diphthérie. By Dr. Marc Jousset.

CORRESPONDENTS.

Communications received from Dr. C. H. Blackley, Manchester; Mr. Alfred Heath, London; Dr. Roth, London; Dr. Berridge, London; Dr. Vawdrey, Birmingham; Dr. Pope, Tunbridge Wells; The Librarian of the Royal College of Surgeons; Mr. H. A. Thomson, Librarian Curator, Royal Medical Society, Edinburgh; Dr. Burnett, London; Dr. Reginald Jones, Birkenhead; Dr. Clifton, Northampton; Dr. Black Noble, London; Dr. A. Claude, Paris; Dr. Madden, Birmingham; Mr. Pottage, Edinburgh.

THE
HOMŒOPATHIC WORLD.

JULY 1, 1885.

THE "WIER-MITCHELL" TREATMENT.

AMONG the most heart-breaking of all the cases that come before the medical man for treatment are those of combined exhaustion of nervous and bodily force that are met with in hysterical persons of both sexes. Without any tangible bodily disease, the unfortunate sufferer, usually through some overstrain of mind or body, passes into a state of complete helplessness, is irritable to the last degree, loses appetite for food, and sometimes becomes reduced almost to a skeleton. A patient of this class is very apt to produce a division in a family; some members of the family are sympathetic, and others are angry, believing it is all whims and fancies. The effect on the patient is much the same in either case; sympathy is just as little conducive to cure as scoffing.

The ill-effects of sympathy in cases of hysteria have long been known; and an interesting article appeared in the *Medical Times* of March 21st, translated from the *Progrès Médical* of February 28th, in which Professor CHARCOR gives the history of several cases of hysteria occurring in the same family, where nothing did any good until isolation was resorted to. As soon as the patients were absolutely cut off from communication with members of their own families they began to mend. Seclusion from friends and complete rest for about six or eight weeks, massage for about three hours a day, electricity applied to all the muscles of the body, and, finally, the administration of enormous quantities of nourishment, constitute the essentials of the Wier-Mitchell

treatment. The power of electricity to restore lost nerve-force in certain cases is by no means a modern discovery; and though the value of massage as a means of increasing the circulation in the muscles, and hence of aiding their nutrition, is a later discovery, it can hardly be called novel. But the idea of administering enormous quantities of food, and at the same time combining the three methods of treatment just named, is distinctly new, and is the offspring of the ingenious brain of Dr. WIER MITCHELL. To him, also, is due the credit of demonstrating that by the aid of massage enormous quantities of food can be assimilated whilst the patient remains perfectly at rest, the appetite becoming good and the tongue remaining clean.

An instance of this treatment is related in the *Medical Times* of February 7th. A man about middle age was in such a condition of nervous irritability that he passed his days huddled up in an easy-chair in the corner of a room almost absolutely dark. He could bear neither sight nor sounds. His former doctor had tried the "forcing" method, making him expose the eye to light, but always with the result of making him worse. He was sent into lodgings, and a nurse and a "rubber" were provided. He consumed each day three large meals, four pints of milk, one pint of raw-meat soup, and several intermediate "feeds." In a month he was persuaded to give up his eye-bandage, and he found exposure to light could be borne; in six weeks he set sail on a voyage round the world. The moral part of the treatment was not begun till he had gained largely in physical strength; then he was encouraged to exert himself and do away with his former means of protection, and with the happiest result.

But, as Dr. MATHESON in his paper *On the Use and Abuse of the Wier-Mitchell System of Treatment*, read before the British Homœopathic Society on the 5th of February last, clearly showed, the cases suitable for this treatment need very careful selection. According to him they must be characterised by—(1) prolonged hysteria, (2) utter exhaustion of the nervous system, (3) almost complete loss of appetite,

and, as a rule, (4) inability to walk. Dr. MATHESON related six cases in which some of these characteristics had been wanting, and in which the treatment had either failed to do good or had done much harm.

That the treatment should do harm where it fails to do good is not to be wondered at, for it certainly deserves the name of heroic. To prove this it will be sufficient to quote from Dr. MATHESON's paper a single day's dietary prescribed to one of the patients whose case he relates :—

"Thursday, 26th June.

A.M.	P.M.
7.—Black coffee.	1.30.—Roast lamb, beans, potatoes, milk pudding.
7.30.—Milk, 10oz.	3.—Milk, 10oz.
8.—Porridge, 1 gill cream.	4.—Soup and peptonoids.
9.—Milk, 10oz.	6.—Milk, 10oz.
11.—Meat, soup, and peptonoids.	7.—Salmon, cucumber, mutton chop, peas and potatoes, milk pudding, stewed fruit.
12.—Milk, 10oz.	11.—Milk, 10oz."

It will be seen from what has been said that this treatment is not for the poor. There is not a hospital in the kingdom whose Board would sanction the expense. To Dr. MATHESON is due the great credit of pointing out that many kinds of cases are quite unsuitable. That the treatment has been followed in a number of cases with brilliant results it is impossible to deny. At the same time, we think that it will presently be found that certain elements in the treatment may be modified with advantage; and we are strongly of opinion that no patient should be subjected to the process except after the most careful consideration.

NOTES.

THE fruitfulness of the homœopathic system of cure as compared with the no-system of Allopathy was signally illustrated at the last meeting of the British Homœopathic Society, where the disease known as "writer's cramp" was under consideration. Ten years ago, in the *Centralblatt*,

vol. xlvii., p. 803, Dr. Carl Hertzka reported a case which he had cured with eight-drop doses, three times a day repeated, of either the tincture or liquid extract (Dr. Hertzka does not say which) of *Gelsemium*. As far as Allopathy is concerned his observation has remained solitary and unfruitful. Happily Dr. Blackley read Dr. Hertzka's article, and at once saw the homœopathicity of the cure, *Gelsemium* having the power to cause symptoms very like those of writer's cramp. Since then Dr. Blackley has had two cases of this obstinate disease to treat, and both of them he has cured with this medicine, given in such small doses as to preclude the possibility of the cure being effected by any physiological action of the drug. Dr. Hughes at the same meeting reported another instance.

IN this striking way the value of the clue Hahnemann has left us for discovering and precisionising the action of medicines was brought out. But the meeting afforded another interesting feature when compared with the meetings of medical societies of the dominant school. In the latter the diseases are everything, and the treatment of very small account; in the former the chief consideration is how to treat disease. Nor does the British Homœopathic Society confine itself within narrow and rigid lines as regards treatment. Not only had we the medicinal treatment of writer's cramp under discussion; Dr. Roth was present to tell us what success had attended the method of Ling in treating the disease by movements, in his own practice, and by Mr. Wolff; and Dr. Jagielski had some exceedingly interesting cases to relate which he had successfully treated with electricity. To our thinking, a discussion of this kind is of a much higher humanitarian interest than those tedious discussions on points of transcendental pathology in which everybody talks glibly of "centres" that nobody has ever seen, and which leave the debaters just as helpless as they were before when the disease comes before them for treatment.

WE rejoice to learn that our friends in Glasgow are showing signs of vitality. For some reason or other, though we number in our ranks a large proportion of Scotchmen, Homœopathy has never taken vigorous hold on the laity north of the Tweed. Hitherto Glasgow has not possessed an institution where the homœopathic method of treatment was placed within the reach of the poor. Happily, thanks to the

efforts of Dr. Thomas Simpson, this state of things is beginning to end. A committee has been formed and steps are being taken to establish a homœopathic dispensary in Glasgow after the pattern of the flourishing institutions of the kind that already exist in Liverpool and elsewhere. We hope to be able to announce shortly that the dispensary is an accomplished fact.

It seems that some of the sympathy expended on the Highland Crofters on the hardships they endure from having to live in "black houses" is a little misplaced. They may be "confined and dark," and some of them may have "only one entrance for the cattle and human inhabitants; the occupants, human and animal, living under the same roof, in the same undivided space, many of them having no windows and receiving light only by the door and by the aperture through which the smoke escapes"—they may be all this, but, says one who has lived in them, they are not *unhealthy*. "A Highlander," writing in the *Times* (May 20), says:—

"As one who passed his early years in one of these primitive dwellings, and attributes the singularly robust health he now enjoys to the life he then led, I trust you will allow me to say a few words in defence of our old-fashioned Highland bothies. I have long thought that the ventilation of these huts, though draughty, is singularly effective; and I further believe that the inhalation of the peat smoke with which the atmosphere is charged exercises marked beneficial results in protecting the lungs from consumption and other diseases which seem to depend on various forms of parasitic germs. I am confirmed in this opinion, which I have long held, by some researches of Dr. Morgan, of Manchester, which are published in the *Lancet* of May 2. He there remarks 'that these Highlanders enjoy a singular immunity from phthisis, which is to be ascribed, chiefly at all events, to the inhalation of the peat smoke and the antiseptic ingredients contained therein—the tar, the creasote, and the tannin, together with various volatile oils and resins, black unctuous peat being rich in these substances.' Dr. Morgan further remarks that 'any exemption from attacks of consumption which these Highlanders enjoy is only extended to them so long as they reside in their smoky huts; when they migrate to other parts of the country, or take up their abode in chimneyed dwellings, they often suffer like their neighbours.'

We are inclined to attribute the healthiness of the crofters more to their open-air life and the "singularly effective" ventilation of their houses than to the smoke; and the fact that their immunity from consumption ceases when they

come to live in brick houses, lighted with gas, and with windows and doors that can be almost hermetically sealed, confirms our opinion. That "A Highlander" has proved an exception to this rule, and retained his health in spite of these hardships of civilisation, can hardly be taken as sufficient proof of the efficacy of peat smoke; although we are rejoice to learn the fact.

THE French Academy of Medicine have awarded a prize to Dr. Murrell "for the discovery of nitro-glycerine as a remedy for angina pectoris," according to the *Medical Times*; or, as the *British Medical Journal* puts it, "for his work on nitro-glycerine as a remedy for angina pectoris." This announcement is to us not a little amusing. About the time Dr. Murrell was learning to walk—if indeed his evolution had advanced thus far—Constantine Hering was taking infinite pains to procure the then rare explosive; and when he had succeeded, risking his health in proving the compound on his own person. About the same time, or a little subsequently, Dr. Dudgeon conducted a very thorough proving with the same drug. As the result of their experiments the value of nitro-glycerine as a medicine became established and its place defined. In the year 1880 Dr. Murrell published a volume on his "discovery" of the medicinal properties of nitro-glycerine; and in the year 1885 the French Academy of Medicine "discovers" this "discoverer," and awards him one of its chief prizes. Of Constantine Hering, who gave the drug the name by which it is now generally known—*Glonoin*—and of Dr. Dudgeon, the learned Frenchmen probably know nothing. Perhaps Dr. Murrell will enlighten them.

WE are glad to learn that the INDEX MEDICUS is to be continued in spite of the difficulty with the former publishers, who did not see their way to proceed with the work. Messrs. Trübner and Co. will be the London publishers. In their circular forwarded to us they make this appeal:—

"All medical men who approve of the object for which the Index is issued will, it is to be hoped, put their approval into practical shape, by doing two things, viz.:—1st, subscribing promptly for the 'Index'; and 2nd, taking care that a copy of every book, pamphlet, etc., of which they are the authors, is forwarded to the editors. It is also hoped that all publishers of medical works, large or small, will see that it is to their interest that each of their publications is promptly sent to the editors in order to secure an early and accurate

priored record in the 'Index.'—Office of the 'Index Medicus,' Detroit, Michigan; and London, Trübner and Co., 57 and 59, Ludgate Hill."

We trust that authors and publishers of homœopathic works will not fail to respond.

LINSEED-TEA is usually supposed to relieve coughs by exerting an "emollient" action on the air passages; and there is a vague idea that in some mysterious way it coats over the "raw" mucous membrane. Of course this is impossible; the only mucous membrane it comes in contact with is that of the mouth, gullet, and stomach. But it cannot be denied that it often does exert a happy influence on coughs; and the same may be said for the use of a linseed poultice. It is said that the superior efficacy of linseed poultices over other kinds is due to their oily nature and their property of retaining heat for a long time. But another explanation is just possible. In our "Poisonings and Provings" we give an instance, in which a lung affection was *caused* by a linseed poultice; and instances are cited in which the linseed meal has produced irritation of the air-passages. After all, the action of linseed, however used, may be homœopathic to affections of the chest.

HERE is a good recipe we have had forwarded to us for making linseed-tea. Take two tablespoonfuls of linseed and wash thoroughly. In a pint and a half of water put half an ounce of sugar-candy and half an ounce of bruised fresh liquorice root, and boil for half an hour. Then pour the liquor, boiling, on the linseed, and allow it to stand for a quarter of an hour; then boil for two, or, at the outside, three minutes; strain; and the drink, when sufficiently cool, is ready.

THE following appreciative paragraph appeared in our contemporary the *Chemist and Druggist* of May 14th:—

"PRESENTATION TO DR. DRYSDALE, DUDGEON, AND HUGHES, FORMERLY EDITORS OF THE 'BRITISH JOURNAL OF HOMEOPATHY.'—In 1884 the first and the oldest of medical quarterlies, the *British Journal of Homeopathy*, closed its career with its forty-second volume. It was generally felt among homœopathic practitioners that an event of this importance should not be allowed to pass without some mark of their regard being paid to those of its editors who had served them so long and who still survive. Dr. J. J. Drysdale was one of the founders of the journal, and one of its editors for thirty-five

years. Dr. Dudgeon was a contributor from the beginning, and edited, with others, the last thirty-nine volumes. Dr. Hughes's connection with the journal lasted twenty-two years. Accordingly, at a banquet given in their honour at the Café Royal, Regent Street, on Wednesday, April 29th, each of these three gentlemen was presented with a piece of plate bearing a suitable inscription. Dr. Hamilton presided at the banquet, at which about forty gentlemen were present. The three heroes of the evening of the 29th have all distinguished themselves in other ways as well as in their editorial capacity. Dr. Drysdale is well known as one of the first physiologists and microscopists of the day; Dr. Dudgeon's exceedingly ingenious sphygmograph is in the hands of all teachers of medicine and most practitioners of any eminence, and his translations of Hahnemann's works are the standard English editions; Dr. Hughes's works on 'Pharmacoe-Dynamics and Therapeutics' have a reputation outside homeopathic circles, as Dr. Sidney Ringer's popular 'Handbook of Therapeutics' can bear witness, and we learn that they are now undergoing translation into Spanish."

MR. ARCHIBALD FRY, writing in the *Hereford Times*, suggests a happy way out of the difficulty caused by the "Medical Relief Clause" in the new Franchise Bill:—

"Labouchere need not ask, 'What is a poor man to do?' Amongst others I say, Put some pressure upon the Government to instruct advanced pupils of the Board schools in the elements of medicine and in the known laws of human and of animal nutrition. Homeopathic knowledge can then easily be self-acquired. One great result will soon follow—*i.e.*, reduction in the percentage of infantile mortality, perhaps even one-half, and consequently a great increase in the population. Connected with the London Homeopathic Hospital, its treasurer, Major W. Vaughan Morgan, was instrumental in establishing a School of Homeopathy, in order that those desirous of obtaining information and experience may avail themselves of such. I conclude that the secretary would forward the rules, etc., of the institution to inquirers. The day will come when the students, as to the simplicity and power of Homeopathy, will be numbered in Great Britain by hundreds instead of by units. Amongst other causes, the Medical Relief Clause will probably be one vast stimulus."

Whether we are as sanguine as Mr. Fry or not, we cannot but recognise the truth of his remarks. The neglect of Homeopathy by the medical world at large is a loss to humanity that it is simply impossible to calculate.

DR. POPE—A PHOTOGRAPHIC PORTRAIT.

WE have received from Mr. C. F. Wing, of the Grosvenor Fine Art Galleries, Tunbridge Wells, a portrait he has taken of our esteemed colleague Dr. Pope, and we have no hesita-

tion in saying that it is one of the finest photographs we have ever seen. Mr. Wing has taken two—one in cabinet size and one smaller. Of the two we think the cabinet is the finer work of art, though it is not easy to decide. Both are excellent likenesses, and the many admirers of the well-known senior editor of the *Monthly Homœopathic Review*, and now the *doyen* of British homœopathic journalists, cannot do better than at once give Mr. Wing's work a place in their portrait galleries.

THE EDUCATIONAL VALUE OF PROVIDENT DISPENSARIES FOR HOMŒOPATHIC TREATMENT.

By Dr. A. C. CLIFTON.

It is a pretty well acknowledged fact that the lay public are far ahead of the medical profession in their belief in the homœopathic method of curing disease. Scattered over the country there are very many large towns in which reside a goodly number of people who have at one time or another been under homœopathic treatment, and who would have no other if there were within reach of them a medical man practising that system. But, failing in this, they rely on aids afforded by domestic treatises on the practice of Homœopathy, or fall back on allopathic practitioners. The cry is general, "Give us more doctors qualified to practise this system, and we will have no other."

Within a radius of thirty miles from the town where I now write, a dozen places might be named, and hundreds in various parts of the country, where this is so. I neither affirm nor imply that a ready-made practice exists in any of these towns for a medical man to jump into, but that there is a nucleus, and in many instances a better nucleus for a practitioner of Homœopathy to commence than is the case with medical men under the old system; and yet the men are not forthcoming, and the demands of the lay community are not met, and do not seem in process of being met, much to the detriment of our cause.

The reasons for this are not far to seek. We know that it is owing mostly to the laws and regulations respecting the education of men at the various medical schools in the United Kingdom, and the opposition by the dominant part of the profession to all that pertains to Homœopathy; so that no teaching, by lectures or otherwise, of the principles

and practice of that system is allowed at such institutions, but is, in fact, tabooed, or misrepresented. Hence it is that when men have finished their medical studies, according to the required standard, and have obtained their diplomas, they nevertheless know nothing of Homœopathy; and having spent four years or more in the acquisition of knowledge sufficient to give them a legal standing as medical men, they are anxious at once to get into active practice rather than devote another year to the study of the homœopathic method of treatment.

How to meet this difficulty has been freely, fully, and earnestly considered from time to time. A School of Homœopathy has been established; lectures on the principles and practice of our system have been delivered; but these have failed to a great extent to meet the necessities of the case. The reason is that these lectures are not recognised by law as part of the student's requirements before obtaining his diploma; and the difficulty seems insurmountable.

Still, we ought not to settle down on our oars and allow our boat to drift with the stream. Having obtained a position ourselves as homœopathic practitioners, believing more fully every year of our lives that the law of similars in therapeutics is the best known method of curing disease, we shall for ever be disgraced, and deservedly so, if we leave any stone unturned for providing not only successors to fill our places when we are gone, but that these should be multiplied many fold. With this feeling I desire to bring before my brethren one plan which has not been considered to any great extent, if at all, by which the younger members of the profession may be brought within the fold. I allude to "PROVIDENT Dispensaries for Homœopathic Treatment," which would need junior medical officers as assistants in conducting them.

Of Dispensaries, otherwise than "*Provident*," and for our system of treatment, there are many; generally, I believe, is there one where there is a resident homœopathic practitioner. These are, however, limited for the most part in their operations to persons able to attend at such institutions, and who obtain admission to the benefits thereof by an honorary subscriber's card, or by purchasing a monthly card themselves. Consequently the number of patients attending them is, as a rule, not more than can be seen by one or two medical men in the several localities. Let, however, the "*Provident*" element be added, by which means the working classes may

obtain medical help at their own homes when such is requisite, by paying a small sum weekly, or monthly, in advance, and the number of patients will be increased to an indefinite extent, more work thrown on the medical officers, and qualified medical assistants will be needed ; and although this will cause an increased expenditure, it will be amply met by the funds accruing from the contributions of the members.

As medical assistants to practitioners connected with institutions of this character, the men fresh from college may then be brought into actual contact with Homœopathy—witness its working and effects over disease, and really be educated in the principles and practice of our system in the best of all ways. And they will be thereby fitted to work alone in other spheres, and so meet to some extent the present and future demand for homœopathic practitioners which the lay public cry out for. And all this may be accomplished without any risk or loss to the medical men now practising according to this method, but, in fact, with great gain and good to them in various ways; inasmuch as, besides dispensary work, such assistants may (with the aid of the principal in obscure or difficult cases) widen the area of the practice, in a direction that has been too much neglected—viz., by attendance on patients only able to pay very small fees, and in taking cases of midwifery amongst the artisan and even poorer classes. His work, too, will include attendance on members of the various associated clubs of Odd Fellows and other benefit societies ; and he will be ready to act in cases of emergency during the absence of the principal.

It may be objected that as there are so few men qualified in Homœopathy to satisfy the requirements of the community at the present time, therefore assistants for the purpose named will not be forthcoming; but the positions and requirements of the two are not analogous. With the former it would be needful he should be well up in Homœopathy, fitted to act independently, and to bear the isolation from his medical brethren of the old school, and even the opprobrium and petty persecution silently or otherwise bestowed by them on a medical heretic ; whereas the latter would not require to be so fully equipped in the knowledge of our therapeutics—would, in fact, be a learner, have some one to fall back upon in difficult cases, and whilst being thus educated by the practice he was every day seeing, and fitting him for a sphere of labour on his own account, would at the

same time be earning as much as falls to the lot of most men the first year or two of their settlement in any place.

It may be suggested that these advantages are no more than what is already offered to young medical practitioners by the homœopathic hospitals and dispensaries of London, Birmingham, Bath, Liverpool, Plymouth, and some other places; but it is far otherwise, inasmuch as an institution of the kind I have alluded to would be able to offer a salary of double what is given by the other institutions named.

For these reasons it is pretty certain that young men would be led more often into accepting such positions for seeing homœopathic practice; and it is equally certain that this would lead to their embracing its doctrines and method of cure. That this is not only possible, but highly probable, I think there can be no doubt, seeing that there are several homœopathic practitioners in various parts of the country who had their first beginniugs in this manner, and in this town. For what has been accomplished here after this fashion is capable of being repeated in other towns, and with far better results under wiser auspices.

With the earnest hope that my medical brethren of the same faith in therapeutics as myself will not treat this matter as a wild-goose scheme, emanating from the brain of a fanciful enthusiast and unworthy of further consideration, but will put it to the proof, I beg to present an epitome of the rules and regulations of the homœopathic dispensary and institution with which I have the honour and pleasure of being connected, and that has been a means to some extent of helping on "the good cause" dear to us all. Further details than now given will be supplied to any one requiring the same.

There is a central station and one at the east end of the town, where patients are expected to attend who are able to do so. Attendance is given by one or both medical officers at different hours every day in the week except Friday and Sunday. There are two departments of the institution.

(a.) Honorary subscribers of one guinea receive ten cards for distribution as they see fit, each card entitling the recipient to a month's medical advice and medicine at either of the stations; three cards entitle the bearer to a month's attendance at home. Patients may also obtain a monthly card at the dispensary on the payment of half-a-crown, or a seven-and-sixpenny card for a month's attendance at home.

(b.) *The "Provident" department.* To this all working men, their wives and children, are eligible; shopkeepers or persons

engaged in business are ineligible, or if they are known to be in a position to pay for medical help in the usual way. Payments are to be commenced whilst the persons are in an average state of health, and three months must elapse before they can obtain the benefits of the institution, unless they pay an additional sum. Such payments are made at the dispensary and received by the dispenser monthly. Each single person over fourteen years of age pays one penny per week; a man, for himself, his wife, and all his children under fourteen years old, pays threepence per week; a widow or widower with only two children pays twopence per week. These subscriptions entitle the members to medical advice and attendance, inclusive of medicine, either at their own homes or at the stations of the institution, according to the nature of the case and requirements. Midwifery cases are extra. The work at the dispensary (*i.e.*, medical advice to patients attending there) is divided between myself and the junior medical officer (my assistant). But the latter gentleman visits at their homes nearly all requiring such attendance; he has now worked with me for several years, and his services are highly appreciated, not only by myself but by the patients generally. There is, in addition to this, a paid dispenser employed. Last year there were sixty honorary subscribers of one guinea; there were about 900 monthly cards purchased by patients. The number of members of the "*Provident*" department eligible for treatment was 1,630. There was an average weekly attendance of patients at the central and branch stations of 270 or more, and about seventy professional visits to the homes of patients.

From this report it will be seen there has been a large amount of work done, requiring the services of a stipendiary medical officer; and it is satisfactory to add that the subscriptions and contributions from both departments have been equal to the requirements.

From the working of such an institution and the additional help its junior medical officer is able to give, by professional attendance on members of benefit clubs and other patients, no one, by reason of their circumstances in life, is shut out from the benefits of homœopathic treatment; and whilst this good is accomplished in one direction, the requirements of the community are also met to *some extent* in another—viz., in augmenting the number of homœopathic practitioners for spheres of labour where they are now urgently needed, and thus "*the greatest good to the greatest number*" is the result.

LONDON HOMOEOPATHIC HOSPITAL.—A CASE
OF MENINGITIS.¹

Under the care of Dr. J. GALLEY BLACKLEY, Senior Physician.

JAMES C., aged eight, schoolboy, was admitted into Barton Ward on March 13th, 1885, in a semi-comatose condition, accompanied with diarrhoea.

History.—The patient's mother suffers from a chronic cough, which is always worse in the winter, and has had several attacks of haemoptysis. The father is in good health. Has had two sisters and six brothers, two of whom died of scarlet fever, and one, a baby, of convulsions. An aunt had brain fever and was in a lunatic asylum for fifteen years, where she died ; she never spoke for the last five years of her life. The paternal grandmother also died insane. The boy's mother says he was always very attentive at school, and learnt everything very quickly. He has always been of a very obstinate disposition. He has always had good health until the present illness.

Previous Accidents.—Last September the boy fell about four feet from some timber on which he was playing, and struck his forehead in the centre. He was not rendered insensible, and beyond having two black eyes did not appear much the worse. His neck remained stiff for a week after, and he held his head somewhat stiffly for some time.

Present illness began a month ago with pain in the head, neck, and upper part of the back. He was very drowsy, and said his head ached. The abdomen next became distended ; diarrhoea came on, and has continued until now, the evacuations being light. The boy complained of his head constantly until three days ago, when he had a severe screaming fit, after which he became unconscious, and has remained so ever since. For the last three days stools and urine have been passed involuntarily, and he has perspired freely about the trunk and head.

State on admission.—Patient unconscious ; face flushed ; pupils much dilated, especially the left one. Temp. 103·4°.

Chest.—Right side slightly duller than the left, with abundant moist and dry sounds, especially towards the base. *Left side*, dry sounds and harsh breathing generally. Slight stiffening of the muscles at the back of the neck. Tongue covered with white fur ; bowels relaxed ; abdomen tympanitic.

¹ From notes taken by Dr. A. H. Croucher, Resident Medical Officer.

nitic but not tender; splenic dulness slightly larger than normal. No spots or tenderness or gurgling over iliac fossa.

At 7 p.m. temp. was $103\cdot2^{\circ}$, pulse 132, and respirations 32. He was placed on milk diet.

March 14th.—Temp. $100\cdot4^{\circ}$; resp. 40. Tongue covered with white fur dotted with prominent red papillæ. Abdomen still tympanitic, but not apparently tender. One light loose stool passed in bed; urine also passed involuntarily. Pupils not so dilated. Has been several times partially sensible. Rx. *Bry.* 1x, gtt. j. 2dis horis during the day, and *Acon.* 1, gtt. j. omni hora nocte. E. T. 102° .

March 15th.—Temp. 99° ; pulse 108. Sleeps well, and is semiconscious at times; calls out now and then. Pupils not dilated; tongue same. E. T. 102° .

March 16th.—Temp. $99\cdot2^{\circ}$; pulse 112. Urine, 14oz.; alkaline, sp. gr. 1020; no albumen. Tongue white. Abdomen much distended. Passed one loose stool, light yellow in colour with flakes of curdled milk in it. Slept well, but has cried a great deal when awake. Pupils react well to light. Is perspiring profusely about the head and face. E. T. 103° .

March 19th.—Temp. $101\cdot4^{\circ}$; pulse 128. Tongue cleaning at the tip and edges. Cried out all night, but without shedding tears. Seems sensible this morning. Face pale; pupils equal in size and reacting well to light; abdomen tumid; thighs persistently flexed upon it; no spots; stiffening of the post-cervical muscles less marked. Dr. Moir was kind enough to examine the eyes with the ophthalmoscope; both discs appeared clear, and presented no sign of hyperæmia. Rx. *Stram.* 1x, gtt. j. in alternation with *Bryonia* every two hours. E. T. $104\cdot2^{\circ}$.

March 20th.—Temp. $103\cdot2^{\circ}$; resp. 44; pulse 120, regular. Slept continuously for three hours in the night, and perspired very freely. E. T. $103\cdot8^{\circ}$.

March 21st.—Temp. same; still perspiring a clammy sweat; shrieks out loudly at times; tongue cleaning; abdomen swollen, with superficial veins very prominent; E. T. $104\cdot4^{\circ}$.

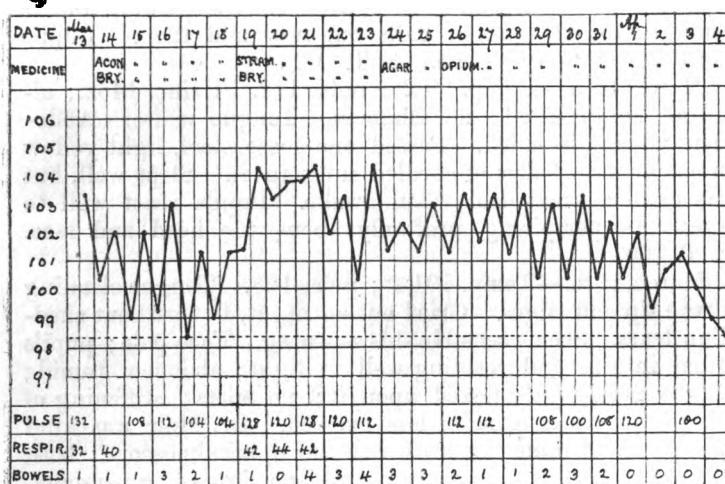
March 22nd.—Temp. 102° ; is fairly sensible, but cries a great deal; tongue covered with creamy fur; has passed four stools, light and loose.

March 24th.—Temp. last night $104\cdot4^{\circ}$; this morning

101·4°; pulse 112; pupils dilated; sleeps a good deal, but when awake screams constantly; perspires freely, especially about the head and face. Omit *Bry.* and *Stram.* and give *Agaricus* 3x, gtt. j. 2dis horis during the day.

March 26th.—Temp. last night 103°, this morning 101·4°; tongue much cleaner; abdomen swollen and tympanitic; legs still drawn up; sleeps a great deal and heavily, but cries constantly when awake; face pale; pupils rather contracted. Rx. *Opium* 1, gtt. j. 2dis. horis in place of *Agar.* A dessert-spoonful of cod-liver oil to be given daily.

March 29th.—E. T. and M. T. 103·4° and 100·4° respec-



tively; still alternates between sleeping and crying, but sat up yesterday for a few minutes and talked to his father. He was allowed some bread-and-milk. From this date the condition began to improve gradually. He still had tremendous screaming fits at times, and at others, though somewhat dull and apathetic, was apparently sensible.

On April 5th temp. was normal night and morning. On the 8th was allowed fish. Next day he was sitting up in bed smiling and looking quite cheerful, but he still lapsed off into screaming fits at times. His appetite was good; he was much emaciated, and had lost his hair a good deal.

On April 20th he was allowed first diet with stewed

fruit, and all medicine was stopped. The abdomen still remained hard and swollen, but not tender, and the epidermis there and elsewhere was very scaly. He still screams at times, though perfectly sensible in other ways.

He was discharged cured on May 5th, having gained daily in flesh and strength; since April 20th the appetite being simply ravenous. It should be added that he had a violent screaming fit the day before he left the hospital.

Remarks.—The chief interest of the case, to those who had the opportunity of watching it steadily, centred in the question of the origin of the meningitis. Was it a part of a condition of disseminated tuberculosis? was it a sequel of the fall which the boy had last year? or was the disease after all merely typhoid in one of its protean aspects? The high evening temperature uncontrolled by *Aconite* during the six days immediately following his admission (see chart), inclined one to answer the first of these questions in the affirmative, whilst the general character of the temperature curve seemed to eliminate the typhoid origin of the attack. During the second and third weeks, however, the only test possible under the circumstances—the clinical test—the manner in which the symptoms responded to the medicines successively exhibited, strengthened the supposition that it was to the apparently trivial accident of many months before that the somewhat anomalous chain of symptoms was due.

A CRITICAL ANALYSIS OF THE CYCLOPÆDIA OF DRUG PATHOGENESY.

By E. W. BERRIDGE, M.D.

WERE any excuse needed for the most searching and exhaustive analysis of a work of such pretensions, edited as it is by Drs. R. Hughes, Drysdale, Dudgeon, and Pope in Great Britain, and Drs. Dake, C. Wesselhoeft, Farrington, and Arndt in the United States, and in addition to such parentage, issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy, it would be found in the following editorial request:—“Criticism as to its matter and manner is earnestly solicited, with a view to making subsequent issues yet more generally acceptable.” No apology therefore is needed for the following analysis of the first instalment of a gigantic work, which, if perfect, must prove of incalculable value, but if

imperfect, and still more if erroneous, will prove only a pitfall for the feet of the unwary. I purpose, therefore, to examine the provings *seriatim*, so far as the originals are conveniently accessible to me, and to simply place before homœopathic physicians the result of my investigations, leaving them to pronounce the verdict.

ABIES NIGRA is the first medicine, *Abies Canadensis* (of which Allen gives over forty symptoms in his *Encyclopædia*, taken from Gatchell's two provings in the *Investigator*, and some additional observations in Hale's *New Remedies*) being omitted. Of this remedy, provings 1, 2 are inaccessible to me. I may, however, mention that Allen gives three provings on provers of ages eighteen, nineteen, and forty, and credits these to Dr. Leaman, whereas the *Cyclopædia* gives only two provers, states the ages of both to be nineteen, and credits them to Dr. Seaman.

Proving 3 is correctly given; but proving 4 is imperfect. On p. 1, line 9 from bottom, and also on p. 2, line 15, "meatus" should be "left meatus." The side affected is of great importance. Dr. Bell's concluding sentence might also with advantage have been quoted:—"I have always got the most marked symptoms from the high potencies, or at least the higher they have been, the more marked have been the symptoms." With these exceptions the proving is correctly rendered.

ACIDUM ACETICUM.—Provings 2, 3, and poisonings 1, 2, 3 are inaccessible to me in the original; I will only therefore call attention to the following facts: (1) The reference to Gmelin is here given as *Hygea* x. 192, whereas Allen gives it as x. 392, as also do the compilers of the "Pathogeneses of the Acids," published in the *Annals of the Brit. Hom. Society*, Feb., 1883; (2) in David's case the woman is said to have taken "over a pint" of vinegar, whereas Allen says "a quart;" and (3) in Desault's case there is here said to have been "œdema of extremities," whereas the *Annals* above referred to give the symptom as "swelling of legs and feet;" also the *Cyclopædia* simply refers to "cough," whereas in the *Annals* we read, "from dry and harsh it [the cough] became moist."

Proving 1 reads, "Berridge records three cases, and Hering one, in which vinegar habitually produced flushing of face. In one case this lasted for hours, in two heat accompanied, in one of these and one other perspiration." The original provings read: (1) "Whenever she tastes vinegar

her face gets red and feels hot, with perspiration on it ; " (2) " Bright flush and heat on both cheeks, especially on left, from drinking vinegar ; " (3) " Bright red flush on both cheeks, and spots of perspiration on forehead, from drinking vinegar ; " and (4) " Each time after partaking of pickles made without spices, she got a very much flushed face, lasting several hours." Thus the *Cyclopaedia* omits to specify the locality of the perspiration, the predominant action on the left cheek, and the fact that the flushed face was sometimes " bright," and on one occasion " very much flushed." The first two omissions are certainly of importance, as the symptoms are characteristic.

Poisoning 4 is recorded by Hering, and here also the condensation of the *Cyclopaedia* has resulted in an obscuration, and even an alteration of the meaning. The *Cyclopaedia* says, " Appetite soon fell off and sleep became broken," as if it were one compound symptom. The original states that the prover " lost, soon after entering the factory, his usual good appetite, although he remained otherwise well.—His sleep became now very much broken." So that these symptoms were not simultaneous, but consecutive; and the sleep was not merely " broken," but " very much broken." Further on we read, " Food tasted right, but went down with difficulty, causing slow eating ; " the original is stronger, " Food tasted right, but would not go down, he therefore had to eat very slowly." The following is omitted in the *Cyclopaedia*: " He frequently partook of mulled beer and eggs, which warmed him up and caused him to perspire, after which he felt easier, but could not sleep." Surely the symptom " relief from sweat" was worth recording. Again, in the *Cyclopaedia* we read, " Grieved much and sighed, after which relieved ; " the original says, " Grieved much about his sickness, and felt considerable anxiety about his children. He sighed often, and now and then was forced to take a deep breath, which relieved." Here the *Cyclopaedia* omits the character of the grief, which the original so minutely describes, and also the fact that deep breathing as well as sighing relieved him. Still further on, " increased dyspnœa" should be " had to gasp for breath worse than before." Gasp ing is only one variety of the generic term " dyspnœa."

Finally, three important provings of *Acetic Acid* are omitted altogether.

(1) Birkett's case, arranged by Allen (*Encyclopaedia* x. 244), from *Lancet*, 1867, vol. ii. p. 98. In this case the man,

when drunk, took two or three ounces of *Acetic Acid*. Allen gives one symptom, marked 9: "Slight collapse, and laryngeal obstruction, which was so severe as to lead to cessation of respiration, but was at once relieved by tracheotomy. Some six hours later there was inability to swallow, with great thirst."

(2) In *Annals* (as before referred to), p. 4, Dr. E. Blake gives three cases of poisoning by red pickled cabbage, which produced the following symptoms: "In the morning [having eaten the pickles the previous evening at supper] all felt sore in mouth, and on inspection it was found that a crop of herpes had appeared on the palate. On discontinuing the use of the pickle, in a few days these died away. In the case of Mrs. —, the herpetic vesicles broke down, and left a troublesome ulceration; she was at the time in feeble health, with idiopathic albuminuria."

(3) This case I published in the *Organon*, iii. 284. "Mrs. — informed me that vinegar causes in her the following symptoms: a coppery taste in mouth, commencing in tongue and going all over roof of mouth and lips; the tongue sometimes feels as if it stuck to the back of mouth and could not move; then after she has been to sleep she wakes with feeling as if the heart stood still, and cannot draw her breath; then there is itching and smarting all over skin, but without redness or eruption, the itching lasting three or four hours, and preventing sleep."

Birkett's case may possibly be merely from the local action of the acid, but surely the other two deserved recognition. Allen also quotes symptoms from Melion, Orfila, Catell, and Waring, which are omitted in the *Cyclopædia*. I am unable to refer to the originals of these, and possibly there may be some good reason for ignoring them; but in view of the other, to me, unaccountable omissions I deem it best to call attention to the fact.

48, Sussex Gardens, Hyde Park, W.

(*To be continued.*)

SPECIAL CORRESPONDENCE.

BIRMINGHAM.

In accordance with my promise last month, I now proceed to give an account of the offer made to the Queen's Hospital in 1869 to test homœopathy publicly in their wards and out-patient department—

the entire cost of the experiment to be paid by the Committee of the Homœopathic Hospital and Dispensary.

At this time the Committee of the Queen's Hospital were extending their buildings and making a special canvass for the necessary funds, besides being (like most other hospitals) in a chronic state of debt on its annual expenditure.

At the annual meeting of the subscribers to the Homœopathic Hospital held on 19th February, 1869, Mr. R. L. Chance, in seconding the adoption of the report, said "that Mr. Sampson Gamgee, who was taking an active part in the movement for getting up a working man's fund for enlarging the Queen's Hospital, had written to him requesting him to become one of the trustees of the undertaking; but as a homœopathist of long standing he could not do so. Mr. Gamgee had also written to him soliciting a subscription to the building fund, but he had declined to contribute at present. He had consulted with Dr. Blake in the matter, and thought they might renew their application to have two wards set apart in the Queen's Hospital for the treatment of patients on the homœopathic principle, and also that some provision should be made for the treatment of out-patients on the homœopathic principle in the building proposed to be erected. In such a case it might not be necessary for them to build a homœopathic hospital, and they might just hand over their subscription list, which would be something not far short of £500 per annum."

The following abstracts from the correspondence at the time speak for themselves:—

"Homœopathic Hospital, Birmingham,
"18th March, 1869.

"To the Committee of the Queen's Hospital.

"Gentlemen,—Donations are now being solicited from the public to the Working Men's Fund for the extension of the Queen's Hospital. The Committee of the Homœopathic Hospital have also announced their intention to canvass the town for contributions to the fund for building a new hospital, towards which upwards of £2,500 have already been received.

"The time therefore seems opportune for reviving a proposition made many years ago to the Committee of the General Hospital, for the setting apart of certain of their wards for the treatment of patients on the homœopathic principle.

"It is the opinion of this Committee that not only will a considerable saving of expense be effected by an arrangement of this kind, but that the best opportunity will be thus afforded to the medical officers of your institution, and to your subscribers, of practically testing the value of this system of treatment."

Then, after showing by statistics the extent to which the working classes appreciated homœopathic treatment, the letter continues:—

"The proposition which the Committee desire to make to your Committee is this:

"1. That two wards in the Queen's Hospital be set apart for the treatment of patients on homœopathic principles by the medical officers of this hospital and a resident house-surgeon.

"2. That a certain portion of the out-patient department be appropriated for the treatment of out-patients by the same staff.

"3. That the management of this portion of the Queen's Hospital so appropriated be given up to the Committee of this hospital.

"4. That free access be accorded to the medical staff and students of the Queen's Hospital to the homœopathic wards and dispensary, under suitable regulations to be mutually agreed upon.

"5. That in consideration of the foregoing arrangements, this Committee will pay an agreed rental to your Committee, and will undertake to repay the entire expenses connected with the wards assigned to them.

"Signed on behalf of the Committee of the Homœopathic Hospital," R. L. CHANCE."

This letter the Committee of the Queen's Hospital referred to their Medical Board, who reported, "That it be a recommendation to the Board that the proposition from the Homœopathic Hospital be not entertained." And accordingly the following reply was sent to Mr. Chance:—

"St. Thomas, Birmingham, March 26th, 1869.

"My dear Sir,—I yesterday laid before the Committee of the Queen's Hospital the letter signed by you in reference to the setting apart certain wards in the hospital for the treatment of patients on homœopathic principles.

"The communication was duly considered, and I have been requested to inform you that while the Committee do not express any opinion as to the principle of homœopathy, they feel that for many reasons it would not be desirable to accede to the request contained in the letter.

"They believe that you and your friends will best attain your object by the erection of a separate building, where patients may be treated according to those principles which you believe to be most conducive to their recovery.

"They acknowledge the claims that any communication from you should have upon their favourable consideration, because of your well-known generosity to the sick and needy, and very much regret that they are unable to meet your wishes.

"I remain, dear Sir, yours faithfully,

(Signed) "C. T. WILKINSON,

"Chairman of the Queen's Hospital."

Mr. Gamgee, as chairman of the Working Men's Fund for the extension of the Queen's Hospital, having also received a copy of the letter Mr. Chance addressed to the Committee, sent a long reply to it. In the course of this letter, after arguing that the objects aimed at by the Committee of which he was chairman did not include the discussion of homœopathy, he proceeds to discuss it as follows:—

"I hold the so-called doctrine of homœopathy to be opposed to the fundamental principles of physical and natural science; and I see no more reason for encouraging their practice in the hospital to which I am surgeon than, were I a minister of the gospel, I should feel justified in allowing doctrines opposed to the essential truths of Christianity to be preached in a church under my charge; or were I the head of an engineering establishment, I should feel justified in allowing time and capital to be wasted by an experimenter who enter-

tained opinions fundamentally opposed to the laws of gravitation, the power of the lever, and the expansion of steam," etc.

This letter, together with Mr. Chance's letter, to which it was a reply, were published in the Birmingham papers, after which Mr. Chance wrote to Mr. Gammie as follows:—

"25th March, 1869.

"My dear Sir,—I have not the slightest objection to the course you have taken in sending to the newspapers the copy of the letter which has been addressed by the Committee of the Homeopathic Hospital to that of the Queen's Hospital, but I do not feel inclined to enter into a controversial correspondence with you in the papers on the subject of homœopathy.

"You must allow me, however, to remark that your letter gives evidence of such an ignorance of the real nature of homœopathy, that it proves the necessity for a public trial of the fundamental principle of that system of medicine—that 'likes are cured by likes'; and if you will take the trouble to read the appendix, by Dr. Dyce Brown, of Aberdeen, to the pamphlet sent herewith (*Homœopathy: its Nature and Relative Value*. By Archibald Reith, M.D., Aberdeen), you will see that this principle, which seems to you so 'fundamentally erroneous,' has been acknowledged by many teachers in the so-called orthodox school of medicine to be true with regard to several of their drugs.

"Whenevver, therefore, an allopathic physician cures maladies with any of these remedies, which are admitted to act on homœopathic principles, he is a homœopath to that extent, no matter in what doses he prescribes them; for it is altogether a mistake to suppose that the infinitesimal dose is any part of the principle of homœopathy—viz., '*Similia similibus curantur*,' or in more intelligible language, 'that medicine which will produce, in a healthy person, the symptoms of any known disease, is that which should be selected to effect the cure of that disease when resulting from natural causes.'

"I cannot myself see anything irrational or unphilosophical in this principle; and if it be admitted to hold good in many cases by those who belong to the so-called orthodox school, surely there is nothing unreasonable in the suggestion that the confident assertion of homœopathic physicians that it holds good in the great majority of cases, should be subjected to the severe ordeal of a public test within the walls of the Queen's Hospital.

"The mere assertion of yourself and others that the 'so-called doctrine of homœopathy is opposed to the principles of physical and natural science' will not suffice to convince the non-medical public that you are right and we are wrong, since homœopathy is at the present time practised by thousands of qualified medical men in Europe and America.

"Nothing short of a public test will satisfy the public; and if the Committee and Medical Staff of the Queen's Hospital decline to accept our challenge on no better grounds than those put forward in your letter, the inference drawn will be, that the medical men of the so-called orthodox school are afraid of the result of such an experiment.

"With reference to the question of dose, I would mention that homœopathic physicians do not adopt one uniform system. Some

give tangible quantities; others infinitesimal doses; and all vary the doses according to circumstances; but all are agreed as to the principle which should guide them in selecting the remedy.

* * * * *

"I remain, my dear Sir, yours very truly,
(Signed) "R. L. CHANCE."

The following extract from the *Medical Times* is a fair illustration of the way in which all questions with reference to homœopathy have been treated by the press of the orthodox school (with a very few honourable exceptions) up to the present day. It appeared on 27th February, 1869, a few days after Mr. Chance's public announcement of the intention to make the offer to the Queen's Hospital.

"It would seem that there is in Birmingham a Homœopathic Hospital of a mixed character—that is to say, it is partly charitable, partly self-supporting. Nevertheless, it does not seem to be an absolutely thriving institution, and its officers would fain ally themselves with another and more prosperous one.

"The charity which has thus been selected is the Queen's Hospital, Birmingham, where the medical officers of the homœopathic charity think that a couple of wards might with great advantage be given up to them, that they might there treat patients in accordance with what they are pleased to term homœopathic principles. We have no doubt but that the medical officers of the Queen's Hospital feel highly honoured by this selection, especially as they would thus be called upon to vacate a certain portion of premises even now too contracted for their wants. But the barefacedness of the homœopathic gentlemen is not homœopathic (to use the word in one of its senses), although their modesty would seem to be so, for they think that not only have they a claim on the old building, but also on the one not yet erected, and which has been so enthusiastically taken in hand by Mr. Sampson Gamgee; a part of this also, they think, ought to be given up to them, in consideration of which they are, it seems, prepared to hand over the magnificent sum of £500, the available funds of the homœopathic institution.

"It would seem that the same gentlemen have an eye also on the General Infirmary (*sic*). If, however, the whole of the homœopathic funds be given to the Queen's Hospital, we do not see what can be offered for the room they thus demand in the Infirmary, except it be the exalted honour of having homœopathic gentlemen on the staff of that well-known and illustrious institution.

"We are sorry to see that Mr. Sampson Gamgee's name was repeatedly referred to at the meetings of the homœopaths as likely to aid their cause, and that he has not seen fit, on the occasion of a speech he was called upon to make two days later, to repudiate every connection with the homœopathic heresy. Surely Mr. Gamgee does not believe in such a thing as homœopathic surgery. We are told in the report of the Homœopathic Hospital that 'some of the most important and difficult operations in surgery' were performed within its walls last year. Surely there must be a mistake in this, for an operation performed on homœopathic principles is altogether beyond our comprehension."

Truly, indeed, the comprehension of the writer of the above is very limited, though not more so than that of nearly all medical writers

who oppose homœopathy, for hardly do we find one who seems able to grasp the meaning of the word homœopathy, or the limitations of the thing which that word represents, though, as we have seen in Mr. Chance's letter to Mr. Gamgee, a non-medical man can not only understand but can define it.

But what powers of comprehension can be looked for in a man who sees no difference between "£500" and "£500 per annum," and whose sense of justice enabled him to refuse insertion to a simple correction of his mis-statements? or who confuses the having made a like proposal to the General Hospital many years ago with having an eye at the present time upon the General Infirmary?

Before closing this interesting chapter of local history, I wish to call attention to the fact that neither in Mr. Chance's letter to the Queen's Hospital Committee, nor in any speeches on the subject, was there included any condition, or even suggestion, that the wards should be called "homœopathic," or that any distinctive or sectarian name should be given to them; so that the objection of which we now hear so much—viz., that we adopt a sectarian name and thus *separate ourselves* from the rest of the profession, was no element in the consideration of the staff of the Queen's Hospital (with whom, practically, the decision rested), but that they objected to the thing homœopathy, even though by associating themselves with it the special name would have been thereby abolished in connection with any hospital or dispensary in this town.

We have always been, as we still are, quite ready to become an integral part of the medical profession as soon as they will accept us upon equal terms, and then, but not till then, will the desire for separate hospitals, journals, etc., cease with their *raison d'être*.

Birmingham, 15th June, 1885.

E. M. MADDEN.

SOCIETIES' MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

AT the monthly meeting, on Thursday, June 4th, Dr. Dyce Brown, President, in the chair, Dr. J. Galley Blackley read a paper on "Some Cases of Nervous Disease, including two of so-called Writer's Cramp." Before reading his paper, Dr. Blackley exhibited two patients, one affected with chloasma of the backs of both hands, the disease being hereditary, both father and grandfather having been affected in the same way. The other patient was a case of multiple sarcoma.

Dr. Blackley, in the opening of his paper, alluded to a case of piano-player's cramp, reported some time ago in the allopathic journals as having been cured by *Gelsemium*, regarding which he had predicted at the time that *Gelsemium* would be found to be homœopathic to the condition. From Allen's Cyclopædia symptoms of inability to direct the motions of the arms and legs, cramping pains in forearm, etc., were quoted, similar to those complained of by patients of this class. Dr. Blackley then gave the particulars of the two cases of writer's cramp, or, as he preferred to call them, professional neuroses, that had since come under his own care.

Case I.—Dr. H., organist and composer, consulted him in the spring of 1879 for cramp of both hands and one foot, coming on when practising. It began in 1873, at a time when his health was below par. The result of anxieties and overwork was that he became affected with chronic catarrhal dyspepsia, and cramps of the hands and one foot. The patient's habits were abstemious. As the general health improved these symptoms passed off, but they returned a few years after when his health was again run down. The right hand suffered most, next the left hand, and then the right foot when pedalling. After a week of *Merc.-Sol.* for the general condition, without any marked result, he received *Gels.* 1x, one drop three times a day. This medicine was taken steadily for three months. The cramps diminished in frequency and duration, and eventually stopped. The health improved generally, but not in proportion to the improvement in the cramps, so the latter could not be attributed to the former.

Case II.—V., seventy-five, flautist, consulted Dr. Blackley in October, 1884, for stiffness and cramp in both hands when fingering. He had a chance in 1874, and secondaries, but nothing since. He complained of a swollen, stiff feeling in both arms, especially the left, when fingering. Slight pain on pressure over both median nerves. Sensibility unimpaired. Reflex irritability unimpaired. No tremors. Gait normal. Cramps did not increase (contrary to what obtained in Case I.) on persevering in practising. *Gels.* 1x, gtt. i. t. d. November 12th, improvement very marked. December 5th, nearly well. March 16th, 1885, called to see Dr. Blackley after a provincial tour of ten weeks, during which he reported that he had been perfectly well. He still takes the medicine at intervals. No attempt to precisionise the groups of muscles affected was made.

Case III.—Case of Cerebro-spinal Meningitis.

[Through the kindness of Dr. Blackley we are enabled to publish the account of this case in full, and it will be found in another part of our present issue.]

The interest of this case, Dr. Blackley said, centred in the character of the meningitis, and he asked for the opinion of the members of the Society on that point, and their criticisms on the treatment adopted.

The paper met with a very cordial reception.

DISCUSSION.

Dr. COOPER said the fact of a mental cause being in operation in cases of professional neuroses was not sufficiently taken into consideration. Cases of writer's cramp he found exceedingly difficult to cure, and he thought we ought to be much obliged to Dr. Blackley for bringing forward *Gelsemium* as a remedy. He thought the ordinary mode of holding the pen as taught in schools was altogether wrong; he would have the hand laid flat on the paper.

Dr. MOIR had had no experience in writer's cramp, and was unable to pronounce an opinion as to the nature of the meningitis case, which he had seen with Dr. Blackley, and watched with great interest during the progress of the disease.

Dr. YELDHAM had seen several cases of writer's cramp, but he could not say that he had ever cured a case. He had used *Belladonna* and other medicines, but had found electricity do better than either. The patient generally managed to use other fingers. He felt with

Dr. Moir that he would not like to pronounce a definite opinion on the meningitis case.

Dr. DUDGEON said the two most remarkable cases of writer's cramp he had seen were father and son, both London merchants. The father was affected first, and cannot write at all. The son gradually became affected in the same way, but not to the same degree. They took it for granted that the disease was incurable, and had never sought for treatment.

Dr. JAGIELSKI had had two cases in the last three months. One was a music copyist. It came on suddenly at a time when he had much trouble in his family. He tried many things. Dr. Jagielski tried general electrification. Placing the patient in a bath, with the cathode about a foot distant from the tips of the fingers of the right hand, he moved the anode gradually down the arm. The patient felt the electricity shoot down the ring and little fingers without pain, but it met with resistance in the other two fingers, and caused great pain in them. The baths were given for fifteen minutes at a time. After the first six or eight there was aggravation, then there was improvement. After sixteen baths he improved altogether, sleeplessness, weakness, constipation disappeared, and after three weeks' more rest he could resume his work, working half an hour and then taking an hour's rest. A fortnight after this he was doing his work very well. The other case was that of an accountant, twenty-seven years old. He had a sudden fright; his horse started when he was riding, and he pulled it up sharply. From that moment he had great pain if he took a pen in his hand; he felt as if something had cracked. He improved under electric treatment, and with intervals of rest he was able to work for a time. A third case was that of a hysterical lady who got writer's cramp just before the monthly courses. Directly the courses came on the cramp disappeared. Dr. Jagielski thought there must be something like electricity in *Gelsemium*. Age had a good deal to do with the curability of cases: it was in the young that there was most hope.

Dr. HUGHES joined heartily in the general praise of Dr. Blackley's paper. Although Dr. Blackley had not introduced the remedy, he had rescued the use of it from mere empiricism. Ringer and Murrell thought there were two alkaloids in the drug, one a paralysing and one a spasm-producing agent. Dr. Hughes had had a case which *Gelsem* had cured perfectly. It was in a young clerk. In regard to the meningitis case, he does not think it was tubercular, or due to typhoid. He thought it was from the injury. He thought the remedies well indicated, but he would have given *Agaricus* stronger. He had had a case recently of ataxic typhoid in which it had proved very successful; but he had given two or three drop doses of the mother tincture.

Dr. CLARKE mentioned a case of professional cramp occurring in a gentleman who had worked very hard for many years without taking rest. The patient was a dentist, and he first noticed great pain in his right arm, not when operating, but when moving his arm backwards into a certain position whilst holding an instrument. This proved the precursor of a general breakdown in health, and symptoms of cerebral softening had since supervened. The patient was troubled with ill-health in several other respects. He did not receive *Gelsemium*.

Dr. ROTH, speaking from the president's chair (Dr. Dyce Brown

having had occasion to leave), said that in one class of cases writer's cramp was a central disease. He did not know if *Gelsemium* would cure local cramp. Dr. Roth said that he had asked Mr. Wolff, who is at present in this country, and who has been very successful with this disease, if he could cure all cases. He said he could cure only the local cases—about half the number of those that came to him. Dr. Roth referred to the faulty methods of holding pens. This was one cause of the disease, but it did not include the other occupations. Mr. Wolff said there were many more sufferers than was generally believed; the disease had many different aspects. He thought Dr. Jagielski was to be congratulated on the success of his cases, which was unusual. Dr. de Watteville, who has written much on the subject, had had no such success. He thought in the local treatment it was necessary to localise accurately the muscles affected. Mr. Wolff's treatment was nothing new, as Dr. Roth had himself shown; it was simply an adaptation of Ling's principle. A case of the disease had occurred in a member of his own family, one of his sons having become affected with cramp of the right hand, and also slightly of the left leg. It came on subsequently to general ill-health. He had learned to write with his left hand, and under Dr. Dudgeon's care, with treatment directed specially to the general health, he had perfectly recovered.

Dr. BLACKLEY, in reply, thanked the members for the kind reception they had given to his paper. Referring to Dr. Jagielski's experience, he mentioned that in one of his cases he had tried electricity, using the induced current. The patient felt relief of pain over the median nerve, and he asked to have it tried again. Dr. Blackley did not comply, not wishing to complicate the treatment. Regarding the third case, his opinion was like that of Dr. Hughes—he connected it with the fall.

PROVINGS AND POISONINGS.

LINSEED POULTICE AS A CAUSE OF ASTHMA.—It is not generally known that linseed, the properties of which are always regarded as being so "soothing" to the chest, has the power also of causing irritation of the breathing apparatus, and that to a dangerous degree. It really appears that the soothing properties of a linseed poultice are due, like the "soothing" properties of *Ipecacuanha* and *Arsenic*, to its homœopathic relationship. Perhaps when those of our friends who object to all adjuvants read the following note by Dr. Geo. C. Kingsbury, of Blackpool, taken from the *British Medical Journal* of February 7th, their antipathy to a linseed poultice in chest affections will disappear:—

"A few days ago I was called in to see a female patient, aged thirty-two, who was suffering great pain from an ulcer over the right tibia. The ulcer communicated with some superficial necrosis of the bone, but the patient had refused the surgical aid of several other practitioners, and now rejected mine also. In order to give her temporary relief I ordered her to take half a grain of codeia, and to have a linseed-meal poultice applied over the ulcer. She strongly objected to the poultice, saying that, for the last four years, she had had an attack of asthma each time a linseed poultice had been used.

Not crediting this, I insisted on the poultice being put on. Three hours later I was summoned to see her, as her sister thought she was dying. I found her livid, and struggling for breath, and certainly in as bad an attack of asthma as I ever saw. The offending poultice was removed, and the attack gradually subsided. This patient is not troubled by any other kind of poultice; in fact, she is really fond of oatmeal in this form. I have tried whether the dust of dry linseed-meal would induce an attack, but with negative results. If, however, a linseed poultice be made near her, even though not for her use, she is at once threatened by a feeling of constriction of her chest. Another curious sequence in this case was the appearance of urticaria on the back, chest, and arms, and of a crop of herpes where the poultice had been.

"As exciting causes of asthma, the dust of ipecacuanha, flax, scammony, oats, have all been known. Troussseau relates the case of a chemist who could not powder linseed without having a fit of asthma. In this case, however, the dust had no injurious effect; and I fancy the asthma was produced by the smell given off with the steam of the poultice."

THE following is a good proving of *Gelsemium*; for, though quinine and other substances were in the mixture, the symptoms were evidently due to the *Gelsemium* alone:—

"On May 7th last I was summoned to a patient I had been attending for neuralgia by a message stating she was in a fit. On arriving I was informed that, the pain being severe, she had taken within an hour an eight-ounce mixture containing, besides quinine, two drachms of the tincture of *gelsemium*. The first symptoms were giddiness, followed by double ptosis, extreme dimness of vision, difficulty in breathing, also in articulating. I was also informed that there had been a transient rigidity of the muscles of the neck, arms, and slightly of the lower extremities. At the time when I saw her, about two hours after taking the mixture, she was very pallid, the face was drawn, there was double ptosis, slightly contracted pupils, and dimness of vision; the pulse was rapid and feeble, and the extremities chilly. The patient complained of numbness in the hands, feet, and lips, succeeded by tingling.

"I ordered strong coffee and an ammonia mixture; and, in the course of three hours, the symptoms had entirely disappeared, but the neuralgia had returned more severely than ever."

CHARLES WOOD, DOVER.—*British Medical Journal*.

WITH this may be compared a proving of White Jessamine, as copied in the *U.S. Medical Investigator*, and taken from the *Transactions Hom. Med. Soc. of Pennsylvania*:—

PROVING OF WHITE JESSAMINE.

By L. H. WILLARD, M.D., Alleghany, Pa.

"The white poison-vine, or white jessamine, is a vine the root of which is sometimes gathered for the *gelsemium*, which it very much resembles in appearance, though it is of a lighter colour, and the outer bark is covered with white specks or marks somewhat similar to those on young cherry or peach limbs, and the lower parts of old vines become rough and have small tendrils that fasten upon the bark of trees, and which are never seen on the *gelsemium*. The bark of the vine is also more brittle, and the leaves are always on long foot-stalks which are opposite, at the end of which are two opposite leaves almost exactly resembling the *aristolochia serpentaria*. The root is almost white, very tough, straight, and about the same length as the

medicinal root, and has a slightly bitter, disagreeable, nauseous taste. I never saw any of the flowers, though they are said to resemble the others in shape, but are snowy white, with slight unpleasant odour." —*Hale.*

The following interesting proving of white jessamine was made under very peculiar circumstances:—

A. M. P., aged about fifty years, who is in the habit of doctoring himself and wife, as well as horses, for trifling ailments, had made in the first place some herb tea, of which he and his wife would occasionally take a dose for their stomachs' sake. He also made a liniment for horses from the gelsemium root.

At one o'clock in the afternoon of June 29th, Mr. P. took about a tablespoonful of the horse liniment which was made of the tincture of gelsemium root, having made a mistake in the bottle. He also gave his wife a dose of the same. Immediately afterwards his wife grew sick at the stomach, when Mr. P. discovered his mistake, and giving his wife a pint of salt and water, which acted immediately, he locked his house and started for my office. What follows we here give in their own language, as collected for me by Dr. Chautler.

Mr. P. says: "The first thing I felt after taking the medicine was a feeling of lightheadedness. I imagined I saw different objects going about. My mouth and tongue were dry and parched. My mouth and throat felt as if they were paralysed. I tried to speak, but could not make those about me understand. I was asked questions, and I could understand what was asked me, but could not reply. On my way to the doctor I staggered like a drunken man, and would stop on the street to pick up plants, which I imagined I saw growing from the cobble stones. I was arrested and placed in a cell of the station-house. I thought I saw worms and beautiful millers on the floor and grating of the cell, and tried to catch them. I thought they had put a woman in the cell with me. After being in the cell for some time, I thought the woman cried to me, 'Oh, Mr. P., help me!' I thought I ran to help her, and plunged my arm down the privy-vault (which was in the rear of the cell) to the arm-pit, trying to relieve the woman. I cried for help; two officers came, and I told them that a woman had fallen down the privy-vault. They tried to make me believe there was no woman in the cell with me. I insisted there was, and finally a light was brought by one of the officers and the privy-vault shown me, when I said, 'I can't see how so large a woman got down and through so small a hole.'

"There was a piece of plaster knocked off the wall of the cell. I imagined this bare spot was my wife, and would go every once in a while and put my hand on it to see if it really was Mrs. P. My vision was very much confused. I would see imaginary objects. My greatest idea was to look for plants. I would try to raise up the kerbstone to see if there were any plants under them.

"I knew and could realise that I had locked my wife up in the house, but could do nothing to help her. I could not control my actions. I wanted to go home, but for some reason I could not. The dizziness remained for several days; if I would turn around quickly I would fall down. I went to Dr. Willard's office, but do not recollect seeing him."

Mrs. P. says: "I took the medicine just before dinner. Shortly

after taking it I felt sick at the stomach. Mr. P. gave me some salt and water, which made me throw up, but I do not remember anything about throwing up. I felt in a sort of half stupor from dinner time until night. I went around hunting for matches, and would run against boxes and barrels, not knowing or remembering they were there, and would fall down without the least provocation. I thought Mr. P. was lying asleep on the floor, and I said to him, 'Oh, James, why don't you get up and help me?' I did not know Mr. P. had gone for the doctor. I thought the house was full of gypsies, and I went up into the attic looking for them, and found a horrid ugly tramp. After ordering him down, I came down myself and found a party of friends who were performing some fantastic tableaux, and I thought they were trying to compel me to guess what the tableaux were. I said to a friend, 'Oh, let me alone, I am tired.' I took one of my friends for a gipsy, who continually put up something before her face and would go through such funny antics. I showed my friends some bottles and other things. I would grasp a bottle and my hand would go right through it. I said to a friend, 'Look here, Mary, can you put your hand through this plate?' It seemed that my fingers and hand would go through everything—plates, bottles, blankets, etc. After that I always kept my right hand and arm raised up, for fear I would destroy everything. When I attempted to sit on a chair, it appeared that the chair would crumble beneath me, and I would fall on the floor. I thought I would see a chair there. Finally I remained quiet, for fear I would destroy everything in the house.

"A young friend came next morning to see us," and I insisted on giving him his supper. I thought it was evening. I went down into the cellar to get some wood, found the hatchet, but no wood cut. I came upstairs to my friend and said, 'Mr. P. does not allow me to cut wood.'

"After this I have no recollection of anything. I do not remember seeing Dr. Willard until the second day, although he was here daily.

"The first thing I felt after taking the medicine was a sense of dizziness. I felt as if the brain were paralysed; I could not control myself. My tongue was continually dry and parched."

REVIEWS OF BOOKS.

A GREAT WORK—ARNDT'S SYSTEM OF MEDICINE.¹

"AFTER nearly three years of unceasing toil, of constant anxiety, and of endless correspondence," Dr. Arndt at last submits his *System of Medicine* to the criticism of his colleagues, "trusting that the judgment to be passed upon it will be based not only upon justice but upon generosity also." Dr. Arndt further tells us in his preface that he "experiences an amount of trepidation which is quite as great as were the enthusiasm and confidence with which he, in the

¹ *A System of Medicine based upon the Law of Homeopathy.* Edited by H. R. Arndt, M.D. In three volumes. Vol. I. Philadelphia: Hahnemann Publishing House; F. E. Boericke. London: Homeopathic Publishing Company. 1885.

spring of 1882, commenced the task of preparing the work." At this we do not wonder. The compilation of works of this kind from the allopathic standpoint is an easy matter compared with that undertaken by Dr. Arndt. The most difficult part of all—the directions for the proper treatment of the various diseases—forms a very small proportion of the allopathic "Systems of Medicine," whereas in Dr. Arndt's work the treatment is described with a fulness never before attempted. A *complete* presentation of the whole subject, whether the description of disease or of its treatment, is, of course, an impossibility. All the books that were ever written could not contain all that might be said about disease. It follows, then, that whoever undertakes a compilation like the present undertakes a task which must necessarily be in many ways imperfect. And here comes in the test of the compiler's fitness for his work. He must know what to receive and what to reject, where fulness of description is required and where it is well to curtail; and he must know how to arrange the matter submitted to him. For this part of the work Dr. Arndt is responsible, and judging from the volume we have before us we may fairly say he has achieved a signal success. Dr. Arndt has been fortunate in securing such an able band of workers; and whilst there can be little doubt that every reader will have some fault to find with what they have done, they may, on the other hand, rest assured that the *System of Medicine* they have built up will at once take its place as our standard Practice of Medicine without a second. Practitioners will be glad to turn to it in doubtful cases for enlightenment and help; students will learn from it what to look for at the bedside, and how to deal with what they find; and all future writers will have to pay respect to what the *System of Medicine* says, and when they differ from its teachings give the reason why. Within the compass of 960 pages Dr. Arndt gives us in the first volume Local diseases. This includes diseases of the Respiratory organs, of the organs of the Circulation, and of the organs of Digestion. In addition we have an introductory chapter by the editor, and a chapter on Physical Diagnosis by Dr. Herbert C. Clapp. The other contributors to this volume are Drs. Clarence M. Conant (Diseases of the Mouth), A. C. Cowperthwaite (Diseases of the Intestines and Peritoneum), A. K. Crawford (Lungs and Pleura), Pemberton Dudley (Heart and Pericardium), J. G. Gilchrist (Stomach, Intestines, and Peritoneum), E. M. Hale (Heart and Pericardium), E. W. Jones (Ascites), W. T. Laird (Mouth and Esophagus), Joseph Sidney Mitchell (Larynx and Trachea), Lucius D. Morse (Nasal Cavity), A. R. Thomas (the Great Bloodvessels), W. B. Trites (Syphilitic Diseases of the Lungs). In addition to the editorial work, Dr. Arndt has contributed articles on Asthma, Cancer of the Lungs, Fatty Degeneration of the Heart, and Diseases of the Stomach; and Dr. Herbert C. Clapp, besides the article on Physical Diagnosis, has written on "Phthisis Pulmonalis."

We must reserve a more detailed criticism of the work until a future time.

SPINAL DEFORMITY.¹

THEOLOGIANS may dispute as long as they please about the doctrine of original sin, they will never eradicate from the human

¹ *The Prevention and Treatment of Lateral Spinal Curvature.* With Illustrations. By Dr. Roth. London : Baillière, Tindall, and Cox. 1885.

mind the idea, which seems almost part of our being, that nature, and especially human nature, is capable of being improved upon. It would be ill for the world if they did; but, at the same time, if the passion we all have for improving on nature were sometimes more rationally directed, the world would be greatly the gainer. We enlightened Westerns smile on the Chinese lady whose feet have been crippled in this nature-improving craze; and all the while, in deference to our shoemaker, our own great toes are pointing in any direction except straight ahead, and our lesser toes in all directions at once, like so many *hippocampi majores*. But if the shoemaker were the only person who sought to improve our "vile bodies," we might perhaps spare a pitying smile for the "Heathen Chinee." But, alas! what has the "Celestial" lady to show that can be compared with the wasp-waist that the *modiste* of European civilisation delights to produce? Those improvers on nature, the leaders of fashion, are clearly dissatisfied with the ideals of beauty embodied in the master-pieces of the sculptors of ancient Greece; and if they could, they would surely fit the Venus of Milo with a pair of stays and give her a "gentle waist." These well-meaning persons are nearly akin to those gentlemen of the "fancy" who crop the ears of puppies and bite off the ends of their tails, and the simple-minded grooms and coachmen who persuade their mistresses and masters that bearing-reins are a "great assistance to horses in going up-hill," and that nature made an entire mistake about the proper length of tail for a horse as well as for a puppy. Happily the tameless schoolboy has never been subdued by the nature-improvers to the same extent as his more gentle sister; and we hope, under the wholesome influences of lawn tennis, the Kyrle Society, and women's rights associations, she may ere long rebel, and win her emancipation from the blighting dominion of stays.

For many years Dr. Roth has waged war against the ignorance and stupidity outside the profession which are so fruitful in producing deformity of creation's chiefest work, and against the ignorance and stupidity of medical men in following irrational methods of treating deformities, which only resulted in making bad worse. In the present volume he has collected papers he has published from time to time bearing on this subject, and has added thereto valuable new matter. We sincerely hope that this volume may meet with great popularity amongst the younger generation of medical men. We know for a fact that the subject is practically not taught at all in the medical schools. Something in a general way is taught about the diagnosis of the different kinds of curvature; but as far as the treatment is concerned, that is as irrational as ever. What *may* be done in these cases, both in the way of prevention and cure, Dr. Roth clearly sets forth in this volume. We do not know of any other treatise of its kind, and for the general practitioner it is simply indispensable.

THE TREATMENT OF WRITER'S CRAMP.¹

In this reprint of articles lately contributed to the *Monthly Homœopathic Review*, Dr. Roth sets forth the principles of the treatment

¹ *The Treatment of Writer's Cramp.* By Dr. Roth. London: Baillière, Tindall, and Cox. 1885.

adopted by the followers of Ling. This method has met with great success in the hands of Mr. Wolff, whose practice has been brought prominently before the profession and the public of late. Dr. Roth, in this pamphlet, shows some of the causes of the disorder, and gives the details of the movement-treatment. Up to the present no one had done this; and Dr. Roth has, therefore, conferred a distinct benefit on the profession by this publication.

THE TREATMENT OF DIPHTHERITIC CROUP.¹

DR. MARC JOUSSET is a believer in the unity of diphtheria and croup. He describes four forms of the disease: (1) the common; (2) the benign; (3) the putrid; and (4) the ataxic form; and he divides each form into two periods, the anginal and the croupal. The greater part of the pamphlet is taken up with a description of the croupal form, and the methods of dealing with it, especially tracheotomy. The operation is described with the admirable clearness and minuteness which characterises the work of our French *confrères*. In the anginal period Dr. Jousset recommends *Belladonna* in alternation with *Merc.-Cyan*. The latter he gives in the 2nd or 3rd trituration, contrary to the recommendation of Dr. Villers, who obtained the best results from the 6th and upwards. English experience tends to support Dr. Villers's recommendation. Dr. Jousset does not change the remedy should croupal symptoms supervene. For the croupal period *Spongia* and *Hepar S.* are the chief remedies, either given alone or in alternation with *Merc.-Cyan*. In the putrid form *Merc.-Cy.*, *Arsen.*, *Lachesis*, *Apis*, *Carb.-Veg.*, and *Acidum Muriaticum* are the chief remedies advised. In the ataxic form, *Bell.*, *Stram.*, *Lach.*, *Mosch.*, *Samb.*, *Phos*, *Arsen.*, and *Gels.* are praised.

This excellent monograph will well repay perusal.

ROYAL YORK BATHS, YORK TERRACE, MARYLEBONE ROAD, N.W.

ON a recent occasion we inspected these baths, which have passed under the direction of our able colleague Dr. Jagielski. As every one who knows him is aware, Dr Jagielski never does anything by halves, and therefore we were not surprised to find the Royal York Baths the most complete of the kind we have ever seen. The arrangements for medicated and electric baths, whether the continued or the faradic current is required, are excellent; and there are also simple hot and cold baths, douches hot and cold, vapour and hot-air, and medicated-vapour baths of every description. The Turkish bath will compare favourably with any other in the metropolis, and we can answer for the efficiency of the shampooers. Those of our colleagues who have patients needing special baths cannot do better than give them the advantage of the skill and care Dr. Jagielski has expended in bringing this institution to such high efficiency, where treatment can be carried out under his own personal direction.

¹ *Traitemenit de la Diphtherie Angine Couenneuse et Croup.* Par le Dr. Marc Jousset. Paris : J. B. Bailliére et Fils. 1885.

NURSING.

[It is our intention to devote a certain amount of our space in future numbers to the consideration of subjects connected with Nursing. The following article is intended to be introductory. We shall be happy to receive contributions and correspondence, and to answer questions relating to this important department of the Healing Art.—ED. H. W.]

NURSING AS A PROFESSION.¹

By THE EDITOR.

"The Nurse's profession embraces all that is good in both the medical and clerical professions; the positive elements of each without the negative elements of either. She has the doctor's science without his drugs, and the parson's religion without his dogma."—JAMES HINTON.

ONE grand result of the assertion of the principle that women have a right to their own share of the work to be done in the world, and to the training necessary to fit them for the work, has been the raising of the nursing of the sick to the dignity of a distinct profession. From every point of view this must be regarded as a great step onward in the march of civilisation. The world at large is enriched by the possession of a class of trained workers in an indispensable work of a very high order, and there is thrown open to womankind a vast field for the exercise of the powers which are more peculiarly their own. And there is this further advantage connected with the new profession, that, whilst what is called a polite education is no bar to training for nursing work, it is not by any means indispensable. Any woman possessed of the qualities I shall speak of presently may make an admirable nurse, even though her grammar may not be perfect, and though she may not be able to play on the pianoforte. Indeed, the training is an education in itself of the most perfect kind, when honestly pursued under wise guidance. Whatever good qualities there may be in a woman, it is bound to draw them out; and this "drawing out" is all that education means when rightly understood.

Most women are born nurses, and there are few women who are not compelled to be nurses at some time or other of their lives. But it is one thing to be a "born nurse," to be recognised in the home circle as "the nurse of the family," and quite another thing to be a "trained nurse," capable of undertaking any and every case to which she is liable to be called. To fit herself for this a woman must give up herself entirely to the work, and submit to a severe discipline. If she makes nursing her profession, she must understand that it will make such demand on her that she need not hope to pursue any other profession at the same time. Nursing is a noble profession, and

¹ Containing the substance of an address delivered to the Nurses and Probationers of the London Homeopathic Hospital, March 4th, 1880.

the patent of its nobility—like that of all true nobleness, in whatever line of life—lies in the demand it makes for self-sacrifice. Mrs. Gamp is dead. She made a hard struggle for it; but eventually the brandy-bottle was overcome, and the patient's welfare has taken the place of the nurse's "creature comforts" in the new ideal of nursing life.

But though the brandy-bottle and the dropsical umbrella are now no longer the insignia of a nurse's office, it must not be supposed that the bright picture of a trim and comely nurse, in the whitest of aprons, sitting beside the neatest of beds containing the most exemplary of patients, represents the beginning and the end of the modern nurse's existence. It is true enough as far as it goes, but it is only one aspect. There is a good deal of work required on the nurse's part to produce this picture for the hour of inspection. A ship's officer once told me how, in the days when his seafaring experience was confined to voyages in small fishing craft, his juvenile imagination was fired by the stories told him by the heroes who had sailed across the ocean. Nothing would satisfy him but he must go too. He pictured himself on board a great ship in fine weather; and he thought that when once the sails were set he would have nothing to do but lean over the ship's rail and watch her sailing. The first night on board he was disillusioned: he found himself called out of his hammock, aloft in the rigging, wet through, taking in sail in a gale of wind! So doubtless many a nurse, impelled by her inborn desire for doing good, and attracted by the serene picture of the hospital nurse at the bedside, has embarked in the nursing profession to find herself, almost before she has put her uniform on, scrubbing a floor, or washing a screaming child that may or may not have been washed in the course of its life before.

But disillusionments of this kind do not daunt the spirits of those who have in them the making of either true sailors or true nurses. There are, of course, certain qualifications a woman must have in order to make a nurse; and it may be she has no means of finding out whether or not she possesses them until she tries. So the prosy side of nursing comes before the poetic, and supplies a most valuable test. There must be, in the first place, a degree of physical strength that can bear at times an unusual strain. Unless a woman is possessed of this she had better not attempt the work. It is not necessarily great muscular power that is needed; this is a very desirable quality, but if there is an average degree of this combined with powers of endurance and a spirit that will not easily give in, an aspirant need not despair. One important qualification for training is youth. It is not easy to acquire any profession late in life, and nursing is no exception. The best age for commencing is eighteen to twenty-two. If the candidate is younger the strain

is likely to prove dangerous to the health; and if she is beyond the age a new discipline is not kindly borne. Still, there is no hard-and-fast rule to be made in this particular; exceptions are numerous on both sides.

If the nurse that is to be has successfully passed the doctor's examination, and obtained a certificate of physical fitness, she is entered as a probationer and put to work under the guidance of an elder nurse. Then her other qualities are tried. She must rise early, do a great deal of what she has perhaps hitherto regarded as menial work, and be content to spend but little time over her favourite pastimes and her meals. It does not take her many days to discover that, although nursing may be a "gentle profession," the work of it is exceedingly like hard work of any other description. When this part of her task has been mastered, and she has learned to do well many things that are very disagreeable, she will be ready to undertake some share of responsibility in the charge of patients. At first she will have to do very much what she is told, and in the way she is told to do it. When once she has mastered the routine of the work, and the rules, the highest powers she possesses will be brought into play. She has hands, and eyes, and ears to educate to a high state of efficiency, judgment to exercise, patience to practise; and in the exercise of all her powers of body and mind her kindness and sympathy must make themselves felt by the sick whom she has chosen to serve.

Every probationer comes to her work provided with a pair of most beautiful instruments—her hands. In the whole world of nature there is no instrument so wonderful as the human hand; and the hands of a skilled nurse are no ordinary hands. They may not be particularly smooth or white to look upon, but a patient very soon discovers their qualities; their very touch brings ease and calm. Light, neat, and graceful in all their operations, they are yet sure, and know how to be firm. Practice will bring them to this state of efficiency, and it will do more. A nurse should have eyes in the tips of her fingers. The sense of touch may be educated, as it is in blind persons, to supplement and take the place, on occasions, of the sense of sight. The fingers can often tell better than the eye what is the condition of a patient's skin; and they can see in the dark if there is anything wrong with a dressing, or the position of a limb.

But clever as the fingers may be, they cannot altogether take the place of eyes. On the contrary, a nurse's eyes, like her hands, must be more than ordinarily efficient; nothing within the sphere of her work should escape them. The nurse is accountable for every inch of her patient's skin; she watches the first signs of a bed-sore, and is able to give timely warning, and take measures to avert its formation. It is not a pleasant

thing for a nurse when the doctor is the first to discover a bed-sore, or to find, say, an abscess in some hidden part when the patient has for some time complained to the nurse of pain in that part on being washed.

And a nurse must not be deaf—except when it is for the patient's own good. When the screaming of a child, or the entreaties of a patient or patient's friends, would hinder a nurse from doing what she knows she ought to do, or urge her to do what she ought not, then she must be serenely deaf, and do her duty. But under other circumstances her ears must be quick to catch the feeblest sounds. Training does wonders here as elsewhere. By practice a voice may be heard which before would have been inaudible; and patients are not always able to raise their voices. Changes in the breathing are often of the highest importance to notice, and the trained ear will not fail to discover these.

In short, all the nurse's senses should be unusually acute, and always on the alert; and the sense of smell is no less necessary than the sense of hearing. But there is another sense which is perhaps more necessary than all—the indefinable sense of Sympathy. By the *sense* of sympathy I mean not the sentiment of pity and fellow-feeling, but the intuitive faculty by which we know more than all the senses combined can tell, and are able to respond to another's wants before they have time to be expressed. As a rule women are much more richly endowed with this faculty than men, and that is the chief reason why they are better fitted than men for being nurses. By this faculty a nurse will often know that a patient is better, or not so well, before the doctor could discover the fact by any of his methods. By this she will save her patient the trouble of asking for many things. Patients will often go without what they need rather than ask for it, and die rather than complain. I have known cases where through lack of this intuition—and no lack of kindness—great injury has been done: food has been brought not quite as warm as it should have been; or it has been brought warm enough just at a time when it could not be taken, and allowed to cool, when cold food meant torture to the patient. The nurse simply has failed to see that the patient's wants were not met; she has brought the food, and good food too, and what more was required of her? Much more is required of a trained nurse. The intuitive faculty needs cultivation like all the others.

Patience, as all the world knows, is a virtue; and with the nurse and the doctor it is not only a virtue, it is a necessity. It is true that patients are often most trying and utterly unreasonable; but so far as my memory serves me I have never lost patience with any one under my care that I have not come to rue it some time, perhaps long after. If once a nurse gets out

of temper with a patient her power for good is gone so far as that patient is concerned. The true way for a nurse to conquer a patient's whims and absurdities is not by getting out of patience, but by doing calmly and good-humouredly just what she knows to be right.

A nurse must be a woman of ready resource, able to make use of the first thing that comes to her hand in an emergency. Rules are very useful servants, but they are not intended to be masters. For learners they are indispensable; and the learner must submit to them implicitly until perfect in the practice of them: liberty is only to be purchased at the price of strict obedience. But rules cannot be made to meet all requirements; and intelligent beings are greater than rules. The spirit of the rules may be kept; but a nurse will often have to go beyond them, to act where she has no cut-and-dried rule to guide her. There are nurses so excessively "humble" that they dare not think of doing more than their duty, which they suppose to be summed up in certain rules and the doctor's orders. But this is a very wretched kind of humility; and a doctor will not thank a nurse for letting a patient die through rigid adherence to the letter of his orders, when a little *nous* would have shown her that they were no longer applicable. A doctor gives his orders according to the state of the patient at the time of his leaving; but a hundred unforeseen and unforeseeable things may happen between his visits, and these he expects the nurse to observe, and if she cannot cope with them herself, not go blindly on with his orders, but report her difficulty to him.

Perhaps it may seem to some that in the picture I have drawn of what a nurse ought to do I have sketched an impossible ideal. But I would not have any who have the strength and the courage to face the work be discouraged by anything I have said. Perseverance and an honest determination to do everything undertaken as well as it can be done will work wonders. Every task honestly and heartily done leaves the doer stronger and better qualified to undertake the next. There is no case that has not some lesson to teach the nurse;—but if she would learn it she must think of her patient first and the lesson last. A nurse must never forget that her function in the world is to relieve the suffering; she must not suppose that the suffering exist to support the nursing profession. Whenever there are two persons to be considered, a patient and the nurse in charge, the nurse must remember that the patient—whether a reigning monarch or a child from the gutter—is always the more important; until all the wants of her patient have been attended to, her own comfort is not to be considered in the smallest degree. A probationer who enters on her work in this spirit will find herself a nurse before she is aware of the change. When nursing is undertaken in any other spirit; when the aspirant is led on by a desire of gain or glory for herself; when she cares

only for the sensational cases which are said to "do a nurse credit," the results are disastrous. It is possible, if she be a clever woman originally, that she may become a clever nurse; it is possible that she may in some cases get all the "credit" she hopes for; but she will inevitably become, in spite of her neat exterior, at heart a very Mrs. Gamp, and much more odious than her outwardly as well as inwardly vulgar prototype, in that the latter deceived nobody but herself. The majority of cases are not such that the nurse can reap a great harvest of glory out of them. There are sufferers who linger from day to day and year to year, with scarce a moment's ease from pain; and what is to become of these? It is these that prove the truest test of the nurse's ability and fitness for her vocation; and it is these, likewise, rather than the so-called "brilliant cases," that afford the best training ground for the development of a nurse's powers.

And what are the rewards a nurse may look for when her training is complete? There is, in the first place, a livelihood to be earned; and for those who have powers of teaching and organisation as well as nursing accomplishments, the way is open to what may be called the prizes of the profession—the headships of hospitals and training institutions. Then there is the honour which the world rightly gives to those who follow a work requiring the exercise of skilled powers, and attended with dangers to be encountered for the good of others. And again, there is the gratitude of patients. But unless a nurse is inspired and sustained by a higher motive than all these are able to afford, her life will be no enviable one. The chief glory of her work is that it is of such a nature that it can never be reckoned in money value, though she rightly expects to make her living by her work. If she gives the first place to her wages, and is never satisfied except she has been paid, as she thinks, adequately for her services, she need never hope for satisfaction. What money reward can compensate her for risking—it may be giving—her life to save that of another? Nor must she look for her chief reward in the gratitude of her patients. That is a most blessed thing when it comes; but if it is made an end in itself, or looked upon as a necessary stimulus to the nurse to work well, her work will often prove defective. All patients are not grateful; but the ungrateful ones must be nursed just as well as the others. If a nurse does not know how "to be kind to the unthankful and the evil" she is not fit to be a nurse.

Then where is the true motive to be found? It is to be found in the work itself. The Wisest of men said, "There is nothing better than that a man should rejoice in his own works; for that is his portion;" and if a life of continued self-sacrifice in the service of the poor and the suffering cannot supply its own motive, no

motive will ever be found in the praise or the treasure of men. A nurse encounters dangers of no ordinary kind; no fear of infection must hinder her from doing her duty; no loathsome sight of disease, though it may be the consequence of sin, must cause her to withhold the kindly ministrations of her hand. She has made her choice; she has chosen to sit at the feet of Him who taught the world that the weak and the suffering have claims on the strong. Though her path is beset with dangers she is not without help. As she looks beyond the gratitude and the rewards of men for her inspiration, so she looks beyond the earth for her guidance and support. She lives in the presence and power of Him whose work she has chosen. Her life, though she knows it not, is an unspoken sermon. Her patients feel there is a benign presence about them; and when they enter the dark path, and the lights of earth grow dim, they are made to feel that in the gathering darkness they are not alone.

REPORTS OF INSTITUTIONS.

LONDON HOMŒOPATHIC HOSPITAL.

WITHIN the last few days intelligence has reached the Hospital that by the decease of a generous contributor to the funds the Hospital becomes entitled to £1,000.

Among the notable occurrences of the last few weeks is the resignation by Dr. Mackenzie of his post of physician in charge of in-patients. Dr. Mackenzie's connection with the Hospital has, in one form or another, extended over the whole period of its existence — that is, over thirty-five years. At the recent annual general meeting of the Governors, Donors, and Subscribers, a very cordial recognition of Dr. Mackenzie's services was made in the form of a special resolution expressing the thanks of the Governors, Donors, and Subscribers, the Board of Management, and the Medical Staff. Dr. Mackenzie began his career at the Hospital, then in Golden Square, as Resident Medical Officer.

The notice taken at the annual general meeting of Dr. Mackenzie's retirement was very gratifying as well as appropriate. Major Vaughan Morgan made a graceful acknowledgment on the part of the Board and the subscribers generally. Dr. Yeldham having been officially associated with Dr. Mackenzie during the whole of the long period of his services to the Hospital, testified to the value of those services in the several capacities of House Surgeon, Out-Patient Physician, and Senior Physician. Dr. Blackley alluded to the kindly help which Dr. Mackenzie had always been willing to give to the junior members of the staff; and Mr. Cameron referred in eulogistic terms to Dr. Mackenzie's great services to homœopathy during the cholera epidemic of 1854, when the Hospital was still in Golden Square, and emphasised the fact that Dr. Mackenzie being at that time house surgeon of the Hospital, on him fell the hard work of the treatment, while Mr. Cameron and his colleagues had only to direct it.

Dr. Byres Moir has been elected to fill the vacancy on the internal Medical Staff caused by Dr. Mackechnie's resignation.

The Hospital has also become entitled to a further award of £55 from the bequest of Lord Henry Seymour to the Hospices of London and Paris.

A medical inspection of the wards, out-patient department, and the Hospital generally, has recently been made by Mr. Cameron and Dr. Harper, who made the gratifying report that everything was in most perfect order.

Among recent gifts, not the least valuable and acceptable have been presents of vegetables and fruits. These are not only extremely grateful as being fresher and better than can be bought, but they are a direct relief to the expenditure, and are, therefore, practically gifts of money. Many people are at a loss to know what to do with the surplusage of vegetables and fruit grown on their grounds, and the value set upon such gifts at the Hospital may prove suggestive.

At the recent meeting of the Board of Management Dr. Torry Anderson and Dr. Byres Moir were elected members of the Medical Council of the Hospital.

The average number of beds occupied daily during the month of May was 59, against 40 in the month of May, 1884. During 1884 many more patients were received than in any previous year. Consequently this average of 59 points to a great deal of increased usefulness and a heavy total of patients for the present year. For example, the total number of patients received in the two months April and May, 1884 (the highest year as to patients), was 144, while in April and May of the present year the number has been 160, showing a still further increase.

The most pressing want of the Hospital at the present time is an increase of new annual subscribers. Every year subscribers are lost by death, and their places are hard to fill. Yet the annual subscriptions are the most important source of reliable income.

GLASGOW HOMœOPATHIC DISPENSARY.

At a conference held on the 14th ult., Dr. Thos. Simpson gave some interesting information and statistics relating to homœopathic dispensaries in Liverpool and in other parts of England, and in America. It was to him a source of profound regret that in a populous city like Glasgow there exists no public institution in which homœopathic principles could be verified by the test of experience. In London there is a hospital with accommodation for about 60 patients; in Birmingham a hospital containing 50 beds; at Hastings and Brighton there are dispensaries—at the former there were upwards of 1,100 patients treated in 1884. In Manchester, Liverpool, Southport, Sheffield, Bristol, and Bath there are similar institutions. Dr. Simpson was connected with the Liverpool dispensary for ten years, and he was able to report on its marked success and the grateful appreciation which the treatment secured. After a general discussion of the matter, it was resolved that it was desirable to establish in Glasgow a homœopathic dispensary for the benefit of the sick poor, and a sub-committee was appointed to look out for suitable premises, and report. It is intended to issue to subscribers of £1 twenty tickets, of £2 forty tickets, and so on, for distribution among the poor, giving the holders of these tickets priority of attention over patients not possessing them.

BREAD REFORM LEAGUE.

IT would be impossible to overestimate the value of the work done by this Association in dispelling the ignorance that exists in this country as to the all-important article of diet, bread, the proper way to make it, and the proper materials to make it of. The greatest care is usually taken in the preparation of the flour to take away those parts which contain some of the most valuable properties of the grain: and it is quite a mistake to suppose that mixing a little bran with the finest white flour restores its lost properties and produces an equally nutritious substance with whole wheat meal.

The main objects sought to be attained by the League are these:—

1. Further improvements in milling.
2. Cleanliness in bread-making.
3. Cheapness in price.
4. Increase in nutritive quality.

Dr. Benjamin Richardson, M.D., F.R.S., in one of his recent works says:—

“Many people think that because it is fashionable to eat the whitest bread, therefore the whitest bread is the best for food. There cannot be a greater delusion, and for a nursing mother to have such a delusion is indeed unfortunate. White bread contains chiefly the starchy part of the flour; it contains very little of the gluten which is the flesh-making food of flour, and it contains next to none of the mineral substance which is the bone-making portion of food. The coarser, or brown bread, the bread that is made from what is known as whole meal, is the proper bread. When I am visiting the poorest people, those who have no choice of foods, and who think that if they can only get bread to eat they are fortunate, I see, day by day, what evil comes from the custom of having for food the white bread. The mothers are so thin they look like starved mothers, and they are so, while the babes are absolutely wretched and starved, because the mothers are. I try under these circumstances to make the mothers understand that this white bread is the worst food they can take, and in the end, the dearest; and if I can get them to believe this, and to change the food for something cheaper and better, it is astonishing how much healthier the mother and the infant soon become.”

The Council will be glad to receive donations of any amount, and subscriptions of five shillings per year or upwards, for one, three, or five years, and to all such donors and subscribers a copy of the pamphlets, leaflets, and reports of the League will be sent. The offices of the League are at 36, Coleman Street, London, E.C.

Obituary.

MARY DUNN.

WE have to record the death of a lady who was one of the earliest and most enthusiastic homeopaths in this country. We refer to Mrs. Mary Dunn, widow of the late Mr. Daniel Dunn, of Pentonville, London, the well-known introducer of soluble cocoa, which has been such a valued addition to the dietary of the homeopathic school of medicine.

Mrs. Dunn was born in Dudley, Worcestershire, on September 13th, 1809, and died at her residence, 22, Thornhill Crescent, Barnsbury, on the 27th May, 1885, in the seventy-sixth year of her age. She had always a great liking for the Healing art; quite early in life she

used to study medicine, in order to be able to alleviate the sufferings of her poorer neighbours and friends.

About the year 1840 her attention was directed to Homœopathy, the new school of medicine, which was then attracting attention; she entered into its study with avidity under the well-known Dr. Curie, whose dispensary she attended *daily* for more than three years, and became the pioneer of Homœopathy in the North of London.

At her instigation the first homœopathic dispensary was opened in Islington, by Dr. Chepmell.

She was accustomed to see and prescribe for upwards of 40 or 50 persons in a morning. At one time she had on her books as many as 800 registered cases. She was very successful in her practice—so much so, indeed, that at one time a former editor of a well-known medical contemporary thought it worth while to make an attack upon her in his leading columns, and to deal what he thought was a crushing blow both to her and to the system of Homœopathy which she so strenuously upheld and practised. It should be mentioned that her medical services were given in all cases gratuitously, and with the exception of her friends, only to the sick poor. When travelling she always made a point of carrying with her her medicines and books, so that wherever she went she did not fail to preach the new gospel of Hahnemann. She was thus the means of introducing the system into Birmingham, where she had a large circle of friends, through whose instrumentality the first homœopathic practitioner there was induced to choose that town as his sphere of practice. She laboured for seventeen years in promulgating the truth of Homœopathy, and would not give up her self-imposed task until her health broke down in 1859, as the result of overwork.

Since that time she has been more or less of an invalid, and has suffered much. She, however, has through it all had the happiness of knowing that she has done great good to her fellow-creatures by alleviating their sufferings and by earnestly working for the great truth of Homœopathy. We could wish that we had many more such self-denying and enthusiastic supporters of the good cause as the late Mary Dunn. In her last illness she was attended by Dr. Berridge.

GENERAL CORRESPONDENCE.

To the Editor of the Homœopathic World.

LETTER FROM DR. DUDGEON.

SIR,—I am as averse as you can be to cumber your pages with matters personal to myself, but your admission of Dr. Berridge's letter in your last number compels me to notice the imputations on me which the writer makes. I trusted that your note at the end of my reply to Dr. Berridge's previous article in your May number would have led to a cessation of Dr. Berridge's unfounded accusations against me, but this letter shows me that my expectation was vain. While objecting to continue the discussion in your journal “with his hands tied”—*i.e.*, without free licence to indulge in his accustomed

personalities, he shoots off a Parthian dart while ostensibly withdrawing from the controversy. He says that my article "in your May number abounds with inaccuracies calculated to seriously damage Homœopathy." That is a serious accusation, and I hereby call upon Dr. Berridge to substantiate it by pointing out these "inaccuracies calculated to seriously damage Homœopathy." He can surely do this without indulging in those "personalities" which you and all lovers of fair controversy object to.

In that article I pointed out some inaccuracies of Dr. Berridge's which are perhaps "calculated to seriously damage"—not Homœopathy, but—Dr. Berridge's pretensions to be considered a reliable exponent of Hahnemann's doctrines; but I assert confidently that I have been scrupulously accurate in all my statements, and I defy Dr. Berridge to show that I have not. If, as I am confident, he cannot substantiate his accusation of "inaccuracies calculated to seriously damage Homœopathy," or, indeed, point out any inaccuracies at all in my article in your May number, then I shall expect him to do what every fair controversialist would feel bound to do under the circumstances—admit the erroneous character of his accusation and apologise. If he does neither, your readers will know how to characterise his conduct.

When, on another point, Dr. Berridge "demands justice at your hands," he should take care that he does not commit an injustice towards the other party in the discussion. He says that one of what he calls my "attacks" upon him "is simply founded on a misprint." This, of course, as every one who has read my article knows, is "simply" inexact. The facts are these: In his article in your April number Dr. Berridge stated that Hahnemann "declares even more explicitly [than in the *Organon*] in the *Genesis of the Homeopathic Healing Art*, published in the same year," viz., 1833, that medicines should be proved in the 30th potency. I asserted that "Hahnemann never wrote any work with such a title either in 1833 or any other year." Now Dr. Berridge tells us that "*Genesis*" was a printer's error for "*Genius*." But Hahnemann's work on the *Genius of the Homeopathic Healing Art*, as Dr. Berridge's inaccurate friend, Dr. Lippe, translates *Geist der Homöopathischen Heillehre*, or, as I translate it, *Spirit of the Homeopathic Medical Doctrine*, was, as Hahnemann himself tells us, written in 1813, and it is merely printed unaltered in the successive editions of the *Materia Medica Pura*; but it says not a word about proving medicines in the 30th potency. Dr. Berridge now admits, what I myself suggested, that it was in a totally different article, entitled *Vorerinnerung*, which I translate *Preamble*, and Dr. Lippe *Preliminary*, that this recommendation of provings with 30th potencies occurs. Now, though the *Vorerinnerung* (which by the way has no connection whatever with the *Geist*, which it follows, not precedes) appears in all the editions of the *Reine Arzneimittellehre*, it is only in the last edition, published in 1833, that the passage recommending provings with 30th potencies is to be found. But in the immediately preceding paragraph we find quite another recommendation. Speaking about proving medicines for chronic diseases, Hahnemann says, "We must not be contented with taking one or two doses of it [the medicine] only, but we must continue its use for several days to the amount of two adequate doses daily, that is to say of sufficient size [*welche so gross sind*] to cause us to experience an action from them." All this will be found in the second volume

of Hahnemann's *Reine Arzneimittellehre*, and in the first volume of my translation of that classical work. If Dr. Berridge had consulted either of these volumes in place of relying on the secondhand, and as it would seem distinctly second-rate, authority of Dr. Lippe, he would not have committed the serious blunder which I pointed out, and which he calls an "attack" on him.

Dr. Berridge promises to return at an early date to his attack on Dr. Black. No doubt he will excise a sound discretion in confining his future attacks to the dead, who are no longer here to reply to him; the result of his acrimonious onslaughts on the living can hardly be very encouraging.

Your obedient servant,

R. E. DUDGEON.

[We regret our inadvertence in admitting Dr. Berridge's unsubstantiated accusation; it seemed to us that his letter sufficiently answered itself. As the note in our May number has been misunderstood in some quarters, we think it only fair to state, that whilst in our opinion the attack on the authors of the *Materia Medica, Physiological and Applied* was of a character that nothing could justify, Dr. Dudgeon, in defending the reputation of our lamented colleague, Dr. Black, and his own, has strictly observed the rules of fair controversy and good taste.—ED. H. W.]

ROOM FOR IMPROVEMENT STILL.

SIR,—A good deal has been said of late respecting the great advance made in general medicine amongst leading physicians and "the best minds in the profession." I beg to submit evidence in support thereof—or the reverse!

About a year ago a young lady was brought for my professional advice. She had been ill five months, and the last two months under an eminent physician connected with one of the London hospitals; but as she was getting worse and could no longer be persuaded to take the medicine ordered by her physician, homœopathic treatment was sought. On my asking why she would not take the medicine, the reply was that "it was so nauseous, and so much in quantity, and made her more ill." The prescription was handed to me to assure me of the fact, and as it was a somewhat interesting document, I have translated it for the benefit of your lay readers. It is as follows:—

"Take of dilute Sulphuric Acid half an ounce, sulphate of Quinine ten grains, tincture of Nux Vomica a dram and a half, Colchicum Wine a dram and a half, compound Sulphuric Ether two drams, tincture of Henbane three drams, tincture of Calumba one ounce, tincture of Rhubarb half an ounce, Cinnamon Water three ounces, pure water sufficient to make eight ounces; of this mixture one tablespoonful to be taken three times a day.

"Take of Gallic Acid a dram and a half, Ipecacuanha powder two grains, extract of Dandelion half a dram, mix and divide into twenty-four pills; two to be taken after meals twice a day."

In addition to the three doses of the mixture and two pills three times a day, the unfortunate patient was ordered to inhale the vapour of Creosote for five minutes twice a day.

If the physician did not give the patient the benefit of all that nature would grant, he most assuredly was not sparing of all that-

art could add. Further comment on this specimen of modern scientific medicine is needless.

June, 1885.

Yours truly,

A COUNTRY PHYSICIAN.

DR. MOIR'S PAPER ON "EYE-CASES"—CORRECTIONS.

SIR,—Some errors having crept into your report of my paper read at the meeting of the British Homœopathic Society on May 7th, I shall be obliged if you will allow me to make the necessary corrections.

(1) Case VIII. was one of rheumatic kerato-iritis, not retino-kerato-iritis.

(2) In Case XI. I said that there was danger of sympathetic ophthalmia being set up by the inflamed condition of the eye, not that there was "sympathetic ophthalmia of the other eye."

(3) In Case XV., Potassium Iodide had been given at Moorfields for a similar attack some years previously, and it was three months before he was well; whereas under *Gelsemium* 1x he was well of the subsequent attack in a fortnight. But he had not been under treatment for this attack before coming to me.

I only mentioned *one* case as having been under my observation before at Moorfields.

Yours faithfully,

BYRES MOIR.

* * MR. ROLLER DRIVER, of Southampton, requests us to state that he vouches for the genuineness of the APPEAL published in our last issue.—ED. H. W.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| Allbutt (T. C.) and Teale (T. P.). Clinical Lectures on Scrofulous Neck and on the Surgery of Scrofulous Glands. (Churchill. 2s.) | James (P.). Therapeutics of the Respiratory Passages. (Baillière. 10s. 6d.) |
| Barnes (R. and F.). A System of Obstetric Medicine and Surgery, Theoretical and Clinical. Vol. 2. (Smith and Elder. 20s.) | Johnston's Student's Atlas of Bones and Ligaments. By Charles W. Cathcart and F. M. Caird. (W. and A. K. Johnston. 15s.) |
| Bell (F. J.). Comparative Anatomy and Physiology. (Cassell. 7s. 6d.) | Landois (L.). A Text-Book of Human Physiology, including Histology and Microscopical Anatomy. Translated by W. Stirling. (Griffin. 39s.) |
| Buttin (H. T.). Diseases of the Tongue. Illustrated. (Cassell. 9s.) | Lee (R. J.). Lectures delivered at the Hospital for Sick Children. 2nd edition. (Baillière. 3s. 6d.) |
| Corning (J. L., M.D.). Treatise on Brain-Exhaustion. (New York. 10s.) | Luff (A. P.). An Introduction to the Study of Chemistry. 2nd edition. (Dawe. 3s. 6d.) |
| Dalby (W. B.). Lectures on Diseases and Injuries of the Ear. Delivered at St. George's Hospital. 3rd edit. (Churchill. 7s. 6d.) | Lyman (H. M.). Insomnia and other Disorders of Sleep. (Chicago. 7s. 6d.) |
| Dalton (J. C.). Topographical Anatomy of the Brain. 3 vols. (Philadelphia.) | MacOormack (Sir W.). Surgical Operations. Part I., The "Ligature of Arteries." (Smith and Elder. 3s. 6d.) |
| Day (W. H.). On the Diseases of Children. 2nd edition. (Churchill. 12s. 6d.) | Mackenzie (M.). Hay Fever; its Etiology and Treatment. With an Appendix on RoseGold. 3rd edition. (Churchill. 2s. 6d.) |
| Dye (J. H.). Painless Childbirth; or, Healthy Mothers and Healthy Children. 3rd edition. (Buffalo, N. Y. 10s.) | Munde (P. F.). A Text-Book of Minor Surgical Gynaecology. (New York. 25s.). Nomenclature of Diseases. Drawn up by a Joint Committee appointed by the Royal College of Physicians of London. 2nd edition. (Harrison and Sons. 4s.) |
| Ebstein (W.). The Regimen to be adopted in Cases of Gout. Translated by Scott. (Churchill. 2s. 6d.) | Oliver (G.). On Bedside Urine Testing 3rd edition. (Lewis. 3s. 6d.) |
| Granville (J. M.). Gout in its Clinical Aspect: an Outline of the Disease and its Treatment. (Churchill. 6s.) | Prince (M.). The Nature of Mind and Human Automatism. (Philadelphia. 7s. 6d.) |
| Handbook for the Instruction of Attendants of the Insane. (Baillière. 2s.) | |
| Hutchinson (J.). Illustrations of Clinical Surgery. Fasciculus 17. (Churchill. 6s. 6d.) | |

Pye (W.). Surgical Handicraft : Manual of Surgical Manipulations, Minor Surgery, Bandaging, Dressing, etc. (Philadelphia. 25s.)

Ray (D. N.). Cholera : its Preventive and Curative Treatment. With an Introduction by T. F. Allen, M.D. (Chicago. 5s.)

Reeves (H. A.). Bodily Deformities and their Treatment : A Handbook of Practical Orthopaedics. Illust. (Philadelphia. 12s. 6d.)

Small (A. E.). A Treatise on the Decline of Manhood, its Causes, etc. 3rd edition. (Chicago. 5s.)

Smith (A.). Ringworm; its Diagnosis and Treatment. 3rd edition. (Lewis. 5s. 6d.)

Stockham (Alice B.). Tokology : A

* * To be continued Monthly.

Book for every Woman. Plain Directions for the Care of a Woman Before and After Confinement. 23rd edition. (Chicago. 10s.)

Taylor (G. H.). Pelvic and Hernial Therapeutics : Principles and Methods for Remedyng Chronic Affections of the Lower Part of the Trunk ; including Processes for Self-Cure. Illustrated. (New York. 4s.)

Ziemssen's Handbook of General Therapeutics. Vol. 1. Introduction by Professor H. von Ziemssen. On the Dietary of the Sick and Dietetic Methods of Treatment, by Professor J. Bauer. On the Koumiss Cure, by Dr. Stange. (Smith and Elder. 14s.)

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct and return to the Editor as early as possible.

BOOKS AND JOURNALS RECEIVED.

Allgemeine Homœopathische Zeitung.—Zoophilist.—Medical Advance.—Monthly Homœopathic Review.—Revue Homœopathique Belge.—Homœopatische Monatsblätter.—Medical Investigator.—Dublin Journal of Medical Science.—Bibliothèque Homœopathique.—New York Medical Times.—

St. Louis Periscope.—United States Medical Investigator.—Medical Advocate.—Clinique.—Medical Visitor.—L'Art Médical.—Chemist and Druggist.—Report, Bread Reform League.—Hering's Domestic Physician.—Writer's Cramp. By Dr. Roth.

CORRESPONDENTS.

Communications received from Dr. Jousset, Paris; Dr. Berridge, London; Dr. Simpson, Glasgow; Dr. J. M. Strong, Ward's Island, N.Y.; Mr. George Norman, Bath; Mr. Roller Driver, Southampton; Mr. Charles F. Wing, Tunbridge Wells; Dr. Burnett, London; Dr. Clifton, Northampton; Dr. Dudgeon, London; Dr. Percy Wilde, Bath; Secretary, Bread Reform League; Trübner and Co., Ludgate Hill; Secretary, Sanitary Assurance Association; Dr. Moir, London; Dr. Blackley, London; the Right Hon. the Earl of Denbigh, Lydd; Dr. Cartar Moffatt, London; Dr. Cash, Torquay; Mr. G. A. Cross, London; Dr. Cooper, London; Dr. Meyhofer, Nice.

THE

HOMŒOPATHIC WORLD.

AUGUST 1, 1885.

WHAT ARE HOMŒOPATHIC MEDICINES ?

STRICTLY speaking, there are no such things as "homœopathic medicines." A medicine is neither homœopathic nor allopathic in itself, but only in its relation to disease. For example, it is just as true to say that *Opium* is an allopathic medicine as it is to say that it is a homœopathic medicine. When taken by healthy persons *Opium* produces constipation ; it follows that when *Opium* is given to persons suffering from constipation it is used homœopathically, and is in that case a homœopathic medicine. Conversely, when *Opium* is given to patients suffering from diarrhoea it is used allopathically, and is in such a case an allopathic medicine. The word "homœopathy" simply expresses the fact that medicines have the power to cure diseases like those they have the power to produce. It neither affirms nor denies that drugs may have other properties. Consequently, in accurate language, whether a drug is homœopathic or not depends entirely upon its use.

But this is not what is usually understood by the phrase "homœopathic medicines." Perhaps most people, when asked the question, "What are homœopathic medicines?" would reply, "Medicines that are sold at a homœopathic chemist's." They would be ready with a string of names from *Aconite* to *Zincum*, all of which they would say are homœopathic medicines. And in a certain sense their reply would be true enough ; for there is a loose sense, which use and convenience have sanctioned, in which it is applied to all those remedies the peculiar virtues of which were first made

known by Hahnemann and homœopathists. In this sense *Aconite*, *Pulsatilla*, *Sepia*, *Silica*, are all homœopathic medicines, and we have no desire to make a pedantic quarrel with this looser use of the phrase; only let it be understood that this is a conventional, and not a strictly scientific use of the words.

Others, again, if the question was put to them, would answer, "Homœopathic medicines are medicines that are infinitesimally diluted, and have neither taste nor smell." It is one of the many disadvantages that our system labours under, that the name by which it is known is doomed to be misunderstood. Infinitesimal dosage has become so intimately connected in the popular mind with the practice of homœopathy that most people—and even many of the better educated—suppose that the word homœopathy means small. Philology is not a strong point with the majority of mankind, and we have a strong suspicion that there is a dim notion lurking in the minds of our countrymen that "homœopathy" comes from two Greek words—"homœo," small, and "pathy," doses. We fear it is too late to attempt to repair the mischief. *We* know, of course, that homœopathy has nothing to do with smallness, and we know that the principle of our treatment is something quite distinct from the question of dose. Hahnemann discovered the homœopathic principle long before the power of the small dose dawned upon his mind; the examples of homœopathic cures he quotes from old-school authors and his own early practice of homeopathy were performed with the strongest preparations of the drugs. But it is mere waste of time trying to impress this fact on the mind of the public or of the profession at large. They have their own notion of what homœopathy is, and they are not going to change it for all our preaching.

In addition to these two views of what homœopathic medicines are, there is another which deserves mention. Whilst there are some who think homœopathic medicines are so weak that they would be willing to drink gallons of them, as they say, there are others who think just the

reverse. These medicines, they contend, are so fearfully poisonous that no sensible person will have anything to do with them.

For our own part, we have no great affection for words in themselves, though we are prepared to fight, so long as there is any fight in us, for the truths they embody. We believe that medicines will cure diseases like those they have the power to produce. Of this truth we are as sure as we are of our own existence. But when we tell the world and the profession that we believe in homœopathy, we do not convey that impression, but are at once met with endless misunderstandings; and in all our controversies three-parts of our energies are devoted to clearing a way through misunderstandings—if, indeed, we ever succeed in doing more. For this reason, though we are prepared to devote our lives to the defence of the truth we hold, we should rejoice if any less understandable term could be found to embody our belief than the term which nobody understands but ourselves. Perhaps the phrase, “THE NEW THERAPEUTICS,” which involves no theory, might serve such a purpose. We confess the question is a difficult one; but so long as we retain the old terminology let us at least understand our own meaning, and in all accurate writing or speaking avoid the use of such scientifically meaningless phrases as “homœopathic medicines.”

NOTES.

BRITISH HOMŒOPATHIC CONGRESS, 1885.

WE take this opportunity of reminding our readers of the forthcoming BRITISH HOMŒOPATHIC CONGRESS. It is to be held this year at Norwich, on Friday, September 25th. We hope there will be a large and enthusiastic attendance, and we give this timely notice in order that all who mean to be present may make the necessary arrangements beforehand to leave themselves free to attend. An arrangement has been proposed by which the chief part of the business of the Congress may be accomplished in the morning, leaving most

of the afternoon for the members to spend in inspecting the many points of interest in the city. The Drs. Roche (who have most generously offered to entertain the members to luncheon and dinner at the hotel) have made arrangements with the authorities to have the cathedral and other places open for inspection. If any members are disposed to stay over Saturday morning and visit the famous Norfolk Broads, the kind entertainers of the Congress will have placed at their disposal a steam launch, which will return in time for the afternoon trains. We hope that a goodly number will avail themselves of this fine opportunity.

BRITISH HOMŒOPATHIC SOCIETY.

THE BRITISH HOMŒOPATHIC SOCIETY held its concluding meeting of the session on Thursday, July 2nd. The terms offered by the American Institute regarding the *Cyclopædia of Drug Pathogenesy* were agreed upon, and the Society becomes responsible for the production of the next four parts, the Institute agreeing to take four hundred copies. After four parts have been issued the two Societies will be free to make a fresh arrangement if desired. Dr. Mackechnie was elected president for the coming session. The chair of the Society was most fitly bestowed. Dr. Mackechnie is one of the oldest members of the Society, and we have recently had occasion to speak of his great services to homœopathy during his thirty-five years' connection with the Homœopathic Hospital. Dr. Hughes's resignation of the honorary secretaryship was unexpected by most of the members, who had begun to think it a life appointment, and to belong by right to Dr. Hughes. In relieving Dr. Hughes from the honorary secretaryship (which is by no means *purely honorary*), the Society elected him to the less arduous but more dignified post of vice-president, along with the junior vice-president of last year, Dr. Roth. Dr. J. G. Blackley succeeds Dr. Hughes, who will now devote all his spare energies to the production of the *Cyclopædia*. Dr. Dyce Brown's valedictory address brought a most successful session to a close.

SMALL DOSES OF CALOMEL IN THE TREATMENT OF PNEUMONIA.

IN the *Bulletin Générale de Thérapeutique* (July 30th, 1884), Chapois relates his experience with calomel in minute doses in pneumonia. His first case was that of a child

aged twelve. On the eighteenth day of the disease, after blisters, leeching, etc., there being no resolution and no remission of fever, he gave *Calomel* in two-milligramme (gr. $\frac{3}{2}$) doses every hour. In twenty-four hours the fever had abated, the skin was moist, and sub-crepitant râles of resolution were audible. She rapidly recovered. Afterwards many other cases were treated, at all stages, in the same way, with astonishing success. In twenty-four to forty-eight hours there was moisture of skin, then of tongue and mouth, then a lowering of temperature and diminution of the sense of oppression. After fifteen or twenty doses there may be a loose evacuation of the bowels. Chapois speaks of its action as being "absorbent," and generally "derivative." That there is something specific about this action is more than probable. The power of mercury in all dilutions to control inflammatory processes and remove inflammatory products is no more remarkable than its power to cause inflammation and ulceration.

THE CHOLERA.

THE cholera is making great havoc in Spain. The inoculations with cholera virus by Dr. Ferran, of which so much was heard at first, are now thoroughly discredited everywhere outside Spain. But the treatment of the disease is as senseless and ineffective as ever. No attempt to improve the sanitation of the towns appears to have been made; the proved prophylactic powers of copper have not been made use of; and nothing is heard of the great medicines *Camphor* and *Veratrum*. On the other hand, "missions" are being sent from various countries to "investigate" the disease. This means that microbes will be cultivated and animals inoculated, and when all is done just as much will be known of the disease and its treatment as was known before.

PASTEUR AND FERRAN.

SINCE the foregoing note was written the news comes from Spain of the complete collapse of Dr. Ferran's inoculations. He has inoculated forty-seven nuns attending cholera patients with the result that they have all died. It was only after much persuasion and pressure that the poor women at last consented to be inoculated; and none of those who escaped inoculation took the cholera. The announcement of

this terrible result appears to have had a strange effect on M. Pasteur. This scientist, the great hope of the modern medical world, the originator of these pseudo-vaccinations, instead of being crushed with grief at this sad result of his teachings, appears almost to have danced with joy. "If he has really killed the nuns," said this genial humanitarian, "he has got hold of cholera virus. It proves fatal because he does not yet know how to use it. Let him send it to Paris, and in eight days it will be turned into harmless vaccine." "It proves fatal," it is true,—but such a philanthropist as M. Pasteur cannot be expected to trouble himself about a trifle of fifty women. As the Juggernaut of modern scientific medicine, a few holocausts of human beings are nothing more than his due! His "harmless" vaccines prove fatal; but then he is M. Pasteur; he has tortured an infinite number of animals, and the medical world have decided that this is the only way to advance the Healing art. If he needs human sacrifices now who shall deny him? The results are very encouraging—to M. Pasteur.

PRIDE, PREJUDICE, AND THE PROGRESS OF HOMŒOPATHY IN AMERICA.

THE extremely interesting letter which we publish from our New York Correspondent reveals a state of affairs in the medical world in America which is at once amusing and pitiable. In spite of all the opposition placed in its way, homœopathy has won the confidence of a large section of the American people, and especially that portion of the people distinguished in the intellectual walks of life; it has so far proved its superiority to the old ways that the dominant section is glad to adopt its methods; homœopaths have more power in the social world, compared with their numerical strength, than the old school; and now the latter are puzzled to know what to do. They are like Luther, when, after opposing the heresy of John Huss for years, he suddenly discovered that he was himself a Hussite; but, unlike Luther, they are not men enough to confess it. On the contrary, they are adopting all kinds of dodges to escape doing the manly, straightforward thing. They want to surrender their untenable ground without confessing they have been in the wrong; to use remedies they owe to homœopathy, and at the same time persecute homœopaths; to gain the appearance of victory and maintain their prestige whilst

smarting under ignominious defeat. The spectacle they present is as little edifying as their attempt is successful.

CORRECTION.

IN our report of the June meeting of the British Homeopathic Society we stated the age of the patient in the second of Dr. Blackley's cases of writer's cramp to be seventy-five; it should have been *thirty-five*.

ORIGINAL COMMUNICATIONS.

BATH AND ITS WATERS.—No. I.

By GEORGE NORMAN, M.R.C.S.

AFTER a long period of neglect Bath has once more regained some of its old renown as a Thermal Spa, and this, not by any mere freak of fashion, but by a gradual and steadily increasing growth of attention and favour on the part both of the public and of the medical profession.

Thirty years ago the patronage accorded to Bath by the outside world, and, it must also be confessed, the public spirit of the citizens of Bath themselves in regard to the thermal waters, had sunk to the lowest ebb, and in fact it seemed to be almost forgotten by both classes that Bath possessed any thermal waters at all.

The meeting of the British Association at Bath in 1864 was probably the means of arousing some fresh interest on this subject, and the opening of the Pump Room Hotel and the New Royal Baths in connection with it in 1870 was certainly followed by an increase in the number of visitors. Again, at the Bath meeting of the British Medical Association in 1878, the mineral waters were brought under the notice of the medical profession in a formal manner, and recently the discovery and exposure to view of the remains of the fine Roman Bath, and the display of models of the baths at the Health Exhibition, have done much to bring these waters prominently before the world.

Last year the number of bathers was 73,640, and at present the resources of the Baths Committee and their local staff are taxed to the utmost by the influx of visitors.

History.—The history of Bath is a subject of much inter-

rest, but space forbids our more than lightly touching on some of the principal points.

The thermal waters were undoubtedly known to and used by the Ancient Britons, although probably left by them in their original state of morass and pool. It remained for the Romans to facilitate the use of the waters by erecting a magnificent pile of buildings, baths, temples, halls, etc., certainly unsurpassed in Britain, and probably not inferior to any of the thermae of the empire.

Here the use of the waters was associated with the worship of Sul-Minerva, a deity combining the local god of the waters, Sul, with the Roman goddess of wisdom, Minerva—hence the Roman name of the city, Aquæ Solis.

On the introduction of Christianity into Britain the worship of Minerva ceased, and the name of the town became simply Aquæ, and with the departure of the Romans this assumed the British form of Ack-man (water-place), or, as it soon became a British stronghold, Caer Ackman.

For more than a century and a half the Britons retained their power at Caer Ackman, but they were finally crushed by the Saxons at the battle of Derham, and the town was burnt to the ground.

During the next hundred years the place was utterly desolate; the waters once more overflowed the valley, and formed a lake and morass beneath which the ruins of Roman Bath remained preserved.

In course of time the Saxons drained the valley, and built an abbey, around which Saxon Bath (Acemannceaster, or Bathumchester, and later Bathan) arose, many feet above the level of the Roman town.

As the history of Bath from this time till the dissolution of the monasteries in the sixteenth century derives its principal importance from its ecclesiastical associations, we can pass over this long period without remark.

Some attention was paid to the Bath waters in the latter half of the sixteenth century, as is evidenced by the writings of Leland, Turner, and Jones; but even then the complaint was made that rich people neglected Bath for the foreign baths. Thus Lupton the poet wrote:—

“ How many use to Bathes abrode
Far hence with cost to range,
Whereby they may their lothsome Limbs
To helthful members change.”

The civil war sadly interfered with the welfare of Bath in

common with that of the rest of the country ; and it was not till quite the end of the seventeenth century that the real rise of Bath began, which, guided at its outset by the skilful hand of Beau Nash, reached its culminating point about the end of last century. But even in the most palmy days of modern Bath the appointments and surroundings of the bathing establishments were infinitely inferior to those of Roman Bath, as is proved by the artistic fragments from the ruins of the latter brought to light from time to time during the greater part of this century.

Springs and Mineral Waters.—Bath possesses four mineral springs, all probably arising from the same source and coming to the surface within a hundred yards of each other, consequently they have all the same general composition.

The Hetling Bath and the Cross Bath are somewhat the strongest in mineral constituents, and possess respectively the highest and lowest temperatures, viz., Hetling, 120° F.; Cross, 104° F. The King's Bath and the Kingston Spring are slightly weaker in mineral constituents, and the temperature at King's Bath is 117° F., and at Kingston Spring 108° F.

The daily yield from all these sources is about 385,000 gallons, of which the King's Bath alone contributes over 240,000 gallons. The mineral water is clear and colourless in small quantities, but of a greenish tint in the mass, and possesses a slightly saline and a decidedly chalybeate taste. No bubbles collect on the glass containing it, and there is no smell even from a large body of the water.

The water in cooling parts with a good deal of its contained carbonic acid, and deposits an ochraceous sediment of iron, lime, and magnesia; the drinking glasses are stained yellow, after a time, by this deposit, and advantage is sometimes taken of this to stain glass vases and ornaments by leaving them for a period of two or three weeks submerged in the mineral water.

The mean specific gravity of the water is 1002, and the constituents, according to Professor Attfield, are as follows :—

NAMES OF THE COMPOUNDS AND QUANTITIES IN GRAINS
CONTAINED IN ONE GALLON.

				Grains.
Sulphate of Calcium				94·1080
Sulphate of Sodium				23·1400
Chloride of Magnesium				15·2433

Chloride of Sodium	..	..	..	15·1555
Carbonate of Calcium	..	..	..	7·8402
Sulphate of Potassium	..	..	..	6·7020
Silica	..	..	..	2·7061
Carbonate of Iron	..	..	..	1·2173
Nitrate of Potassium	..	..	..	1·0540
Nitrate of Calcium	..	..	..	·5623
Carbonate of Magnesium	..	..	..	·5611
				—————
				168·2698

**NAMES OF THE GASES AND QUANTITIES IN CUBIC INCHES
CONTAINED IN ONE GALLON.**

	Cub. In.
Oxygen	.. ·74
Nitrogen	.. 4·60
Carbonic Acid	.. 4·17
	—————
	9·51

The composition of the waters is not always the same, but is subject to slight daily variations. They are classed sometimes amongst the indifferent thermal waters and sometimes amongst the earthy or lime waters. They possess a much larger proportion of mineral constituents than many of the indifferent waters, such as Wildbad, Warmbrunn, Teplitz, Gastein, Pfeffers, and Plombieres; and they hold a high place amongst mineral waters generally as regards their thermality.

Much has been written concerning the special ingredient or ingredients which give to mineral waters their virtue. According to some the virtue lies in the solid ingredients; according to others it is to be found in the gases; whilst the thermality is considered the principal factor by a third party. Some ascribe the value to those salts which are present in the largest quantities; others only to those present in the smallest quantities; whilst some regard the whole of the constituents as a therapeutical unit.

The suggestion made by the late Dr. Madden seems to meet this difficulty.¹ He affirms that mineral waters characterised by the presence of five grains and upwards to the pint, of neutral salts, such as the sulphates of soda, and magnesia, and the chlorides of sodium, calcium, and magnesium,

¹ *Brit. Journ. Hom.*, vol. xiii.

owe their more or less purgative property to their physical influence upon the osmotic force ; that those characterised by the presence of alkaline carbonates in the same proportion, owe their diuretic properties to their chemical influence upon the disintegration of tissue. The depurative effects are not dependent upon the specific or dynamic action of the constituents, but upon certain physical and chemical processes which they set up in the system. But besides this there are certain less common chemical compounds which are present in much smaller proportion, and which nevertheless impress a specific virtue upon the water in which they occur.

Judged by this standard, the Bath waters, containing as they do only a small proportion of neutral salts and alkaline carbonates, should be only slightly depurative, and as they contain also small quantities of silica and iron, should possess the specific virtues of these remedies.

Regarding the depurative action, we find the older writers speaking of the purgative effect of these waters, but as they made their patients drink two or three quarts a day, this is not to be wondered at. Half to three-quarters of a pint daily is now the usual dose, and this tends to produce a regular action of the bowels, but a small dose of four ounces or less gives no help in this direction.

The diuretic action is marked, but not to any great extent, and when present is generally considered as a sign that the waters will be of benefit to the patient ; possibly this action is assisted by the small quantity of potassium nitrate (nitre) present in the waters.

The secretions of all the mucous membranes and of the skin are increased and the circulation is quickened ; occasionally a feeling of fulness in the head is observed, with drowsiness going on to bad headache if the drinking of the water is persisted in. Dr. Bayes produced this symptom upon himself when examining the Bath waters.¹ He also mentions severe pains in the feet and ankles sufficient to keep him awake at night. A feeling of hunger and general exhilaration of the spirits are also spoken of as effects of the waters.

As regards the silica, there is something less than half a grain in every pint of water, and as this is in a soluble form it is quite sufficient to produce the effects of that remedy. Dr. Becker, of Mühlhausen, described some years ago some experiments with artificially prepared silicated water, the

¹ *Monthly Hom. Rev.*, vol. xxii.

strength of which was one-twentieth of a grain to the ounce, and with which he got very good results.¹

The iron, although still less in quantity, is nevertheless present in its most easily assimilated form, the carbonate, and is no doubt the principal cause of the congestive fulness of the head occasionally felt by those drinking the water. A lady about fifty, who had drunk four large glasses of the water, amounting to about thirty-two ounces daily, complained at the end of a week of a feeling of fulness, almost to bursting, in the head, with loud rushing noises in the ears and flushing of the face, which passed away on discontinuing the water.

The value of the combination of iron and silica has lately been referred to by Dr. Cooper in the case of the Flitwick water. The sulphate of lime, which is by far the largest ingredient in the Bath waters, is generally considered a comparatively inert substance; according, however, to Schüssler it acts on the connective tissues and has points in common with the sulphide of calcium. The thermality of the water has also, no doubt, a powerful influence on the economy, rendering the water more easy to be assimilated, etc. Tunstall says there is great analogy between a vital and a thermal fluid, and that "no natural fluid, not produced from the blood itself, so much resembles it as the Bath waters." He also says concerning the waters, "As a homœopathic remedy the most enthusiastic follower of Hahnemann cannot object to them, since they contain but an infinitesimal quantity of iron in a large proportion of a bland and grateful fluid."

Baths and Bathing.—The whole of the baths and springs are now in the hands of the Corporation, who of late years have bestirred themselves to make the baths and their appointments as comfortable and elegant as possible.

The bath-rooms are lined with tiles, as are also the baths; the latter are of several kinds—viz., deep baths, reclining baths, douches of different forms, etc. The deep baths hold, when filled, about 800 gallons of water each, and are preferable in all cases where they can be borne, as the large body of water retains an even temperature for a longer time, and gives off a larger quantity of gases and vapours than that in the smaller baths. The depth of these baths is about 4ft. 8in., and they are entered by several steps fitted with a brass handrail. In the

² *Brit. Journ. Hom.*, vol. xxviii.

bath is a stone bench, upon which the bather sits and allows the water to come up to his neck. Some of these baths are fitted with a crane and chair, by means of which a crippled patient may be lowered into the water without making any effort. In connection with this it may be mentioned that the Pump Room Hotel is provided with a lift, by means of which a bather can be taken direct from his bedroom to the baths. The reclining baths are of the ordinary pattern and hold over 200 gallons of water. Both of these kinds of baths are fitted with douches, for the application of a stream of hot water to any particular part of the body through the water of the bath.

Besides these there are tile-lined chambers fitted with powerful douches for the local application of the thermal water without the intervention of the ordinary bath ; these are termed "dry douches." The private baths also possess lavement apparatus and ascending douches, and all the baths are provided with comfortable and well-furnished dressing-rooms.

The public bathing accommodation is quite unrivalled, there being six large public baths besides several mineral-water charities.

The King's and Queen's Baths, separated from one another by a screen, are open to the sky, and possess between them more than 3,000 square feet of water surface, with an average depth of 4½ ft.¹ The spring rises beneath the King's Bath, in a large octagonal stone well exceeding 40ft. in diameter, which was built by the Romans and lately discovered and arched over, so that the floor of the King's Bath is the roof of the well. This spring supplies a large number of the baths, and the overflow ascends through a cylindrical aperture in the centre of the bath and maintains a temperature of 110° at the centre and about 98° at the sides.

The covered swimming-bath attached to the New Royal Baths has a length of water surface of over 80ft., with a depth varying from 5ft. to 3ft., and is maintained at a temperature of 88°. There is a balcony at one end of the bath, opening out of which are smoking and sitting-rooms for gentlemen, ladies' drawing-room, and general reading-room ; these rooms are also entered from the private baths.

¹ The Queen's Bath is not at present in use, owing to excavations being carried on beneath it, in connection with the Roman Bath.

This bath, together with the King's and Queen's Baths, are available for ladies and gentlemen on alternate days.

At the Old Royal Baths there is a covered swimming-bath for gentlemen only : it is 62ft. long by 23ft. broad, with an average depth of 4½ ft. and a temperature of 88°.

The Cross Bath is a bath with cheap prices for the benefit of the poorer classes ; and the Hot Bath is a bath free to the necessitous poor on obtaining a certificate signed by a medical man and a member of the Town Council.

The Mineral Water Hospital has a complete set of baths under its own roof, supplied with water from the spring at the King's Baths. It has 150 beds, which are quite free, the only condition being the suitability of the case, which has to be certified in a proper form by a medical man acquainted with the patient. This hospital receives numerous patients from all parts of England, and is supported partly by permanent income and partly by voluntary contributions.

Bellott's Hospital is an old charity founded by Thomas Bellott, steward of the household to Queen Elizabeth, for the reception of poor strangers needing the benefit of the waters. Eleven inmates are received, and the hospital is open from Lady Day to Michaelmas, or longer if the funds permit. Each inmate has a furnished apartment and receives a weekly payment of 2s. 4d. There is a bath in the hospital, but patients also have access to the public Hot Bath. A medical officer attends the hospital, who is appointed by the local Charity Trustees, in whose hands also rests the nomination of the inmates.

Portable Baths.—Owing to the high temperature of the waters they can be delivered at patients' residences in quantities sufficient for a reclining bath at a temperature of 105°, and both water and bath will be provided if desired.

Method of Bathing.—In former days a severe course of drugging and blood-letting was considered an essential preliminary as well as adjunct to the use of the waters, but now it is considered desirable to interfere as little as possible with the action of the mineral water in the system by treatment of any kind. The deep and reclining baths are generally taken three times a week ; those who are strong can take four or even six ; but daily bathing is the exception. It is, however, sometimes found useful to take a deep bath and a dry douche on alternate days, especially when there is any local manifestation of disease.

The bather usually takes the first bath at a temperature of

98°, and gradually increases the heat of successive baths as it can be borne; the length of time for remaining in the water varies from ten to twenty minutes according to circumstances, and during this time the use of the flesh glove is recommended. After the bath succeeds packing in hot blankets for a similar period, the effect of which is to induce free perspiration and more or less drowsiness. After slowly dressing it is advisable to go home at once in a closed bath-chair, or else to repair to the cooling-room for a short time before going out into the air.

DANGEROUS CASE OF CARBOLURIA.

By A. MIDDLETON CASH, M.D.

THE following history was submitted to me in writing by a lady, the mother of the child, with the request that I would give my opinion as to the nature of the illness, whether I agreed with the family doctor, who considered it to be some obscure pulmonary affection; and if not, desiring me to explain to her what *could* have caused such alarming symptoms, which, developing suddenly and unexpectedly, rapidly threatened the infant's life within twenty-four hours of their appearance.

I may say that the mother, though a young lady, was exceedingly intelligent and observant, and showed great accuracy and exactness in detailing the symptoms.

The child (her second) was a stout, healthy boy only one month old. He was vaccinated at this early age, and with calf lymph, on 1st April, 1884.

The vaccination turned out badly. Pustules formed along the lines of incision. Large ill-defined vesicles appeared, which ran into considerable sores. And two weeks after, when all should have been dried up or healing, and the crusts separating, these were moist, open, and flabby, discharging large quantities of purulent fluid, which soaked through the child's clothes.

By the 23rd or 24th of April, however, the wounds had become cleaner, and were healing, although still deep and extensive, when the following unpleasant symptoms arose. The baby began to seem out of sorts. The slight sickness which he generally had after he was nursed increased to quite an unusual extent. The motions became greenish, and the napkins were stained of an *inky* or *smoky* hue at other

times. He now became exceedingly drowsy, and did not care for his food.

On the night of the 24th he was feverish, continually groaning, and too drowsy to cry, the urine still staining the napkins dark. Up to this time the arm had been regularly attended to and dressed, but the child was now so ill and unfit to be moved or meddled with that nothing further was done in this way.

Next morning (the 25th) his face was flushed, eyes glazed and inflamed, and the brows contracted. The breathing was very quick and laboured; the throat was red, and there was a slight cough. It was now considered by the medical attendant that bronchitis was developing, and that this would explain what were hitherto very unaccountable symptoms.

A hot bath on the 25th caused free perspiration. The breathing that night was still quick and laboured at 140 per minute, but it shortly fell to 60, and by 10 p.m. he was cool and in a quiet sleep.

After this the child rapidly recovered, and in a few days was all right again. A greenish colour continued for a while in the motions, and the doctor was reported to be giving calomel powders, "to get rid of the greenish matter more quickly."

As soon as the fright had passed the arm was again remembered and looked at. The sores were seen to be healing well, and did not require any further attention.

On getting the above account I at once inquired what was the dressing applied to the vaccination sores when the child became ill. The mother wrote me that the arm was first poulticed, and that then a dressing of carbolic oil (1 part of the acid to 20 of olive oil) was kept applied. This was about the 19th, and it seemed to do good, the wound cleaning under its use and healing began.

The case was now quite clear. It had been one of *Carbolic Acid poisoning*, or so-called *Carboluria*.

The deep ulcerations on the child's arm were simply an absorbing surface which took up and conveyed into the blood the poison just as certainly as if it had been introduced into the stomach. The large extent of this surface, the strength and intimate application of the carbolic oil for several days, to which must be added the extreme youth and therefore the greater susceptibility of the child, all account for the violence of the symptoms, and there is little doubt

that had the dressing been continued a very short time longer, probably for a single day, the child's life would have been sacrificed. Fortunately the increase of its illness to such an alarming extent caused the arm to be neglected, and thus the application which was killing the child was stopped just in time.

The symptoms were quite distinctive as clearly those which carbolic acid taken into the system will produce, and should have led to its detection and discontinuance.

The lesson is, never to use strong carbolic acid dressing for an extensive raw surface, especially in the very young or feeble. There are plenty of other good antiseptics of equal healing power, whose use does not involve the risk which the foregoing case illustrates.

Torquay, June 16th, 1885.

A CRITICAL ANALYSIS OF THE CYCLOPÆDIA OF DRUG PATHOGENESY.

By E. W. BERRIDGE, M.D.

(Continued from p. 302.)

ACIDUM BENZOICUM.—As I have not the originals of these provings I can only compare them with the *Annals*,¹ assuming this version to be correct. All given in Allen's *Encyclopædia* are quoted in *Annals*, except Hauff's proving, which possibly was omitted because the prover was not in good health. The *Annals* gives the symptoms of eight provers: Petroz, Nusser, Jeanes, Lingen, Schreiber, Keller, Booth, etc., and Hering (symptoms from authors). Of these, Petroz, Jeanes, and Hering are omitted in the *Cyclopædia*; the former two, probably, because the daybooks are not accessible; but why the observations collected by Hering are omitted is not very clear. Of the rest, the experiments of Schreiber and Keller agree with the version of the *Annals*, and the remarks of Booth are substantially quoted. This leaves only the provings of Nusser and Lingen to be examined, and here I regret to say there are serious variations from the original.

Nusser's proving is given in small type, though in the *Annals* it is printed in ordinary type. In the version of

¹ As the *Pathogeneses of the Acids* given in the *Annals* is, equally with the *Cyclopædia* itself, published under the auspices of the British Homeopathic Society, Dr. Hughes himself, I believe, being at the head of the committee appointed to furnish this specimen arrangement, I am justified in quoting it as authoritative in this analysis.

the *Cyclopaedia* we read, "In evening, fine stitches in anus, in middle of chest, in outer right arm and inner left; in bed, stitches in chest on deep inspiration." In *Annals* we find the following differences: "fine slight stitches in middle of chest;" "some stitches in chest, especially on deep inspiration;" "fine yet severe stitches on outer side of right arm, later on inner side of left." The *Cyclopaedia* therefore omits to note that the fine stitches in middle of chest were "slight," thereby differing from those in the arms, which though also "fine" were "severe." In this last symptom, moreover, the stitches in arms are given as if synchronous, though the *Annals* distinctly states that the right arm was first affected, then the left. This change of sides is of immense importance in the selection of the true semeiological *simillimum* as Hering pointed out long ago. Lastly, the *Cyclopaedia* states that the stitches in chest were "on deep inspiration," implying that they were not otherwise experienced; whereas the *Annals* states them to have been "especially on deep inspiration."

Further, the *Cyclopaedia* gives as symptoms of the second and following days: "Deep-seated tearing and stitching in several joints, especially of hands and feet; fingers appear swollen, a ring becomes too small. From third to seventh day same sensations in joints, and fingers remain somewhat swollen." This is a very incomplete version of the following as given in *Annals*. "Tearing in lower part of right radius. Tearing in both outer knuckles, as if in the bones (third day). Tearing in metacarpal joint of left thumb. A sort of itching in right palm, with slight but deep tearing in upper metacarpal joint of little and ring fingers in the evening (third day). The fingers appear swollen, a ring becomes too small (second day). The fingers remain still constantly somewhat swollen, therewith tearing and fine stitching in various parts of the limbs, especially in front of metatarsal joint of right great toe (fourth to seventh days). Tearing deep in proximal phalanx of left index finger (second day). Deep stitching tearing in proximal phalanx of great toe (second day). In smaller toes of right foot, especially in middle phalanx, a sort of deep sensitive tearing; a similar tearing later in right knee, the distal end of metacarpal bone of left thumb, and the lower part of right radius, etc., etc. (second day)." Thus, in the condensed version of the *Cyclopaedia*, the pains are all amalgamated as "tearing and stitching," whereas many were "tearing" only; the "itching in

right palm" is omitted altogether; the exact location of each pain is omitted; and the very important transference of pain from right toe to right knee is altogether ignored, though the direction of pain from below upwards or *vice versa*, as well as from side to side, is frequently a keynote in the selection of the remedy.

Again, the *Cyclopaedia* reads, "Constant fine but violent stitches [this distinction is properly preserved here, though omitted in another symptom, as I have shown above] in upper hepatic region, superficial, not worse on pressure." But the *Annals* informs us in addition that the pain was "midway" in the upper region of the liver.

Lingen's proving is given in ordinary type, from which we might hope that it would have stood a better chance of being accurately and completely quoted than a proving tabooed by the use of small type. But this is not so. The *Cyclopaedia* gives a very peculiar symptom as "pressure on vertex and spinal column, etc.;" but the *Annals* reads, "pressure on whole of upper part of head, etc.," a detailed description which is evidently not verbiage, but intended to signify that it was not only the top or summit of the head, but the whole superior half of the head, which was affected. The following from the *Annals* are entirely omitted in the *Cyclopaedia*:—"Slight transitory hoarseness and repeated sneezing in morning, with a pleasant excitement and freedom of head, which together with its more rapid disappearance, distinguished it from the experimenter's ordinary symptoms of taking cold; involuntary biting of lower lip at dinner on two successive days." Surely this latter symptom at least was worth preserving.

Farther on in the *Cyclopaedia* we read, "Stitching and burning first in right great toe, then in left, morning, whilst lying down." It is satisfactory to notice that the direction from one side to the other is recorded here, though, as we have seen, it is omitted in other places; nevertheless the symptom is extremely imperfect. In the *Annals* it reads, "Stitches passing perpendicularly upwards through right great toe, followed by a burning which increases gradually again to a stitch, appearing afterwards in left great toe, from which it vanishes with a thrilling sensation (in morning, whilst lying down)." Thus, in the *Cyclopaedia*, not only is the important direction of the stitch omitted, but the equally important change and alternation in the character of the pain.

Finally, the *Cyclopaedia* says, "Every night for eight weeks afterwards he awoke with strong internal heat, etc., etc.;" whereas the *Annals* points out that this unnatural waking was "every morning about two o'clock." The condition of time is often of the utmost importance in the selection of the homeopathic remedy, especially when the symptoms observe a marked periodicity.

48, Sussex Gardens, Hyde Park, W.

(To be continued.)

A CASE OF CHELOID CURED BY SILICA.

By JOHN H. CLARKE, M.D.,

Physician to the London Homeopathic Hospital and Lecturer on *Materia Medica* to the Medical School.

THE term cheloid—or as it is sometimes less correctly written, keloid—is now used exclusively to designate those raised scar-like growths of irregular shape and glossy surface which develop only, it is generally believed, in scars, though sometimes these may have been so minute as to have escaped notice. These growths are sometimes termed "false cheloid," "cheloid of scars," and "cicatricial cheloid," to distinguish them from the "true cheloid" of Addison. But the latter disease is now universally known by the names "scleroderma" and "morphœa," and the distinguishing adjectives are now no longer required. In a lecture on "The Conditions which Precede Cheloid, and on some Rare Forms of that Disease," in the *Medical Times* of May 23rd, Mr. Jonathan Hutchinson relates a number of very instructive cases of the disease, and discusses fully its nature and tendencies. He is very decidedly against operation, and bitterly regrets having operated in some cases early in his career. In one case only within his experience has he known a cheloid to suppurate, though he has met with ulceration several times. He has never known it assume cancerous conditions, but he has known it occur in persons whose families were cancerous, and in one case he found both cancer and cheloid in the same person in different parts. He admits that the two are allied, and in one case he had some difficulty in coming to a conclusion whether the disease he had to do with was cheloid or cancer. It was only the abrupt limitation to the scar and its special conditions that

enabled him to decide in favour of the former. Mr. Hutchinson states his principal conclusions as follows:—

“(1) That with cheloid, as with other skin diseases, we must not expect too close a conformity to the type form.

“(2) That for clinical convenience we may recognise several varieties of cheloid, the prognosis as to spontaneous disappearance and proneness to return after excision differing much in each.

“(3) That the first and most typical form is that in which cheloid begins in very small, perhaps forgotten scars, and slowly spreads far beyond their limits into sound skin. In most cases the extension and duration are indefinite; and the hardness, glossiness, abruptness of outline, etc., are always well marked. The proneness to recur very quickly after excision is very great in these.

“(4) That in the second group, in which cheloid growth begins in the middle of large scars, such as those of burns, it is seldom so well characterised. It often does not extend beyond the scar, and often, especially in young persons, soon begins to soften again and to gradually disappear.

“(5) That in a third form the cheloid growth is deeper, and never produces the glossy, superficial, elevated, and spurred patches which occur in the others. These cases are very slow, and show but little tendency to spontaneous disappearance. They do not develop in connection with large scars, but rather with inflammatory damage to the skin. They are less prone than the others to recur after excision.

“(6) That although definite scars almost invariably precede the formation of cheloid, yet that there are allied conditions which result rather from inflammation after injury than from anything which is demonstrable as cicatrix.

“(7) That the cases of multiple cheloid prove either that there is in some persons a remarkable tendency to the disease, or that primary patches have the power of infecting the blood and producing others.

“(8) That there is little or no clinical proof of tendency on the part of cheloid to pass into cancer.”

That my case was not one of those favourable for operation, and that it had not a tendency to heal spontaneously, the history sufficiently proves. It formed rapidly after the first operation, and still more rapidly after the second. As soon as she began to take the *Silica* the growth was arrested, though the pain remained and was somewhat increased.

Within three months there was diminution in size, and from that time the pain decreased as well. In seven months the growth had completely disappeared, and now, after twelve months, has not shown any tendency to return. I gave *Silica* because of its well-known affinity for cicatricial tissues and its power to produce an unhealthy condition of skin, affecting the healing of wounds. In the provings it caused pain in the scar of an old ulcer. The relation of cheloid to cancer, and the cures of cancer we occasionally read of in the allopathic journals by the internal administration of powdered flint—if I remember rightly, Sir Spencer Wells has vouched for certain cures of this kind—lend additional interest to the case which I will now relate.

On December 12th, 1883, a young girl, Eleanor W., fourteen, came to the London Homœopathic Hospital as an out-patient to consult me about a growth on her left temple. In the previous July she had been operated on at St. Bartholomew's Hospital for a tumour which she had had at that spot for two years. A month after the operation there was a growth in the scar, and this was removed in October at the same hospital. Very soon the growth recurred again, and when she came to me there was a linear elevation in the scar, about an inch long, and raised about two lines above the surface of the skin, and about three lines wide. It was red and shiny, and slightly nodulated. It was tender to touch, and she complained of shooting pain in the growth. Before the first operation she had had no pain, and the skin over the tumour was sound and not discoloured.

The patient was fair and pale, of a phlegmatic constitution, short, and rather broad and stout. She suffered from headache across the forehead, but otherwise was in very good health. She was a general servant.

I gave her *Silica* 3, gr. iii. night and morning for a month. On the 9th of January, 1884, she returned. There had then been no increase in the size of the growth, which was previously growing steadily, but if anything there was more pain in it. On February 6th there was still no increase in its size, though it was still painful. On March 12th there was some diminution, but the pain remained. On April 23rd there was diminution both in the growth and in the pain. On June 4th there was only occasional shooting, and still more diminution in size. On July 12th the growth had quite disappeared; a broadish flat line, rather pink, marked where it had been. She had pain only now and then.

I have recently (May, 1885) seen her mother, who says she has remained perfectly well.

With the exception of a fortnight she took the *Silica* all the time.

SPECIAL CORRESPONDENCE.

NEW YORK.

THE thirty-eighth annual session of the American Institute of Homeopathy was held June 2nd to 5th, at St. Louis, Mo. The Institute was presided over by T. F. Allen, M.D., assisted by A. C. Cowperthwaite, M.D., Vice-President.

About 150 delegates were in attendance. The bureaus presented full reports, and many of the papers were fully discussed.

Although the membership of the Institute may not be as large as we have reason to think it ought to be, yet there is a growing interest manifested in its work, and many of the younger men especially are uniting with it. The general feeling among the members to work together for the common good of our school and the profession, allowing a large charity for honest differences of belief, was never stronger than it is to-day.

The action of the Institute in regard to the continuance of the work on Drug Pathogenesis will probably be of the greatest interest to your readers. It was unanimously agreed that the Institute should subscribe for 400 copies of the first four numbers, after that the work to be continued by the British Society, and be its property.

The Institute adjourned to meet in Saratoga, U.S., in 1886, under the presidency of O. S. Runnell, M.D., of Indianapolis, Ind.

Since the vexatious Code question will not down at the bidding of the American Medical Association, it has seemed best to that august body of concentrated wisdom to issue an "interpretation" of its Code, and here it is:—

"Whereas, Persistent misrepresentations have been and still are being made concerning the provisions of the Code of Ethics of the American Medical Association, which many even in the ranks of the profession are led to believe—as, for instance, that the Code excludes persons from professional recognition simply because of difference of opinion on doctrines; therefore—

"Resolved, first, that Clause 1, Article IV., of the National Code of Medical Ethics is not to be interpreted as excluding from professional fellowship, on the ground of difference in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession; neither is there

any other article or clause in the said Code of Ethics that interferes with the most perfect liberty of individual opinion and practice.

"Second, that it constitutes voluntary disconnection or withdrawal from the medical profession proper to assume a title indicating to the public an exclusive or a sectarian system of practice, or to belong to an association or party antagonistic to the general medical profession.

"Third, that there is no provision in the National Code of Medical Ethics in anywise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting under any circumstances the rendering of professional services whenever there is pressing or immediate need of them; on the contrary, to meet promptly the emergencies of disease or accident, and to give a helping hand without unnecessary delay, is a duty fully enjoined on every member of the profession both by the letter and spirit of the entire Code. But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consultations with those who voluntarily have disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution."

[The Clause above referred to reads as follows:—"A regular medical education furnishes the only presumptive evidence of professional abilities and requirements, and ought to be the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner who has a licence to practise from some medical board of known and acknowledged respectability, recognised by the American Medical Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered a regular practitioner or a fit associate in consultation whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."]

On motion this subject was referred to a special committee, of which Pemberton Dudley, M.D., was chairman, and after consultation the following report was presented and unanimously adopted:—

"Whereas, The American (Allopathic) Medical Association recently adopted a so-called 'interpretation' of the 'consultation clause' of their Code of Ethics; and,

"Whereas, Said interpretation contains statements and implications calculated to mislead the public; therefore, the American Institute of Homœopathy deems it proper to place on record the following statement:

"1. The 'interpretation' claims that 'no article or clause in the (allopathic) code of ethics interferes with the most perfect liberty of individual opinion and practice;' yet clause 1 of article 4 explicitly forbids consultation with physicians who employ a certain mode of 'practice,' or 'whose practice is based upon' a certain kind of 'dogma' or 'opinion.'

"2. The 'interpretation' declares that the (allopathic) code 'does not interdict, *under any circumstances*, the rendering of professional services whenever there is pressing or immediate need of them;' yet the same paragraph declares that '*no circumstances can make it proper to enter into professional consultation with physicians*' of a certain class or kind.

"3. The 'interpretation' insinuates that homœopathic physicians have 'voluntarily disconnected themselves' from the mass of the medical profession by 'assuming a title indicating an exclusive or sectarian system of practice.' The fact is, that the disconnection of homœopathists from allopathic societies, in the first place, was enforced, and not voluntary, and this, in many cases, before any special title had been assumed. Moreover, allopathists have themselves assumed an exclusive and sectarian title—that of 'regular'—and this, not to enlighten the public in regard to their mode of practice, but largely to cast an implied imputation upon the professional character and status of other physicians.

"4. The 'interpretation' intimates that the physicians ostracised by the allopathic school 'belong to a party antagonistic to the general medical profession.' We reply that the antagonism between the schools began with allopathic efforts to ostracise, calumniate, and otherwise persecute physicians holding different opinions, and to this day the antagonism has, on our part, been limited to measures necessary for self-defence. That the old barriers are nearly all down which bigotry formerly set up is every day growing more apparent. Yet there is want of honest manliness among those who are foremost in this work, in that they do not come out and admit that they are using remedies and preparations which have been for years in the hands of the homœopathic school."

After this, if they can give us a better rule for their supposed action than the one familiarly known as "*similia*," the credit will be theirs. In the meantime it will not behove our school to take too much of a stand-off position on the ground that years ago they drove us out, now they must make the *amende honourable* before we will receive them. By the time that comes, without denying the *morale* of the position, we will, as a school, be left with nothing but the name.

The Legislature of the State of Pennsylvania has just granted \$50,000 to the Hospital at Pittsburgh and \$75,000 to the Hospital and College at Philadelphia.

Our hospitals and asylums are all doing good work, and new ones are forming in various districts.

The new Insane Asylum of the State of Michigan will be opened this fall under the control of a Board of Trustees pledged to conduct it for the homœopathic school. The cost of the building when ready for use will be over \$400,000. Under the instigation of the enemies of our school, a bill was introduced into the Michigan Legislature to collect and amend the previous bills and acts referring to insane asylums. This was carried, and the committee in reporting mentioned the different acts and the years of their passage, beginning a number of years back, presenting certain amendments and suggestions. Then, instead of mentioning the act of 1883, which was the one giving a building for the use of our school, they inserted the clause that all acts and parts of acts not agreeing with this bill be and are hereby annulled. The bill passed the lower house and reached the senate before the friends of our school knew of it. By prompt action it was amended in the senate that the act of 1883 should not be changed. When sent back to the House for concurrence, the mover of the original bill, an old-school practitioner, was the first to move its adoption. Eternal vigilance is the price of our liberty.

T. M. S.

Ward's Island, U.S., June 17th, 1885.

THE DIAGNOSIS OF SCIATICA.—A diagnostic point in sciatica is given by De Beurmann which we have never seen alluded to. The patient lying on his back with the muscles of the leg and back relaxed, the affected leg is raised while in complete extension and flexed upon the abdomen. This causes marked pain in the course of the sciatic, especially intense at the sciatic notch, and the movement is resisted. If, then, the limb be lowered, and while the leg is flexed on the thigh, the latter is again carried up on to the pelvis, no pain will be felt. This phenomenon depends on the fact, verified by De Beurmann in experiments on the cadaver, that great tension on the sciatic is exerted by flexion of the thigh when the leg is extended, but almost none when the leg is flexed. In the diagnosis of sciatica from crural neuralgia, affection of the femur, or coxalgia, in all of which diseases the position of the limb and seat of the pain may be similar, this manœuvre is of value. If the nerve trunk is free of disease there will be no difference in the amount of pain caused by the extension or relaxation of the nerve by the different positions indicated. In other words, in affections other than sciatica, the movements given to the coxo-femoral articulation will be equally painful whether the leg is extended or flexed on the thigh. (*Arch. de Physiologie, and Revue Médicale*, April, 1884.)—*Practitioner*.

FROM ABROAD.

(ABSTRACTS.)

GERMANY.

DIABETES MELLITUS.

At the meeting of the Saxon-Anhalt Homœopathic Society at Koethen on the 7th May, the subject for discussion was "Diabetes and its Homœopathic Treatment." Dr. Knüppel, of Magdeburg, began the discussion. He said he had never seen any permanent effect produced on the disease by homœopathic medicines. The diminution of the urine and of the quantity of sugar in it was effected by withholding sugars and starches, without any aid from medicine. He had seen great improvement from the use of the alkaline waters of Neuenahr and Carlsbad. He thought that perhaps some sugar-forming medicines might be useful, such as curare, carbonic oxide, amyl nitrite, ortho-nitro-phenyl-propiol acid, methyldeleychinin, or morphia, chloral hydrate, hydrocyanic acid, lactic acid, phosphoric acid, hydrochloric acid, mercury, and alcohol.

Dr. Elb, of Dresden, said he had seen very good results from the employment of homœopathic remedies. Two cases had been completely cured by him, one of whom showed no traces of the disease after fifteen years, the other after eight years. In other cases he had seen very marked improvement. The medicines he employed were—arsenic, uranium nit., aq. kreasoti, acid. lact., and quite lately, helonias dioica. He could not give accurate indications for the choice of the drugs, as the disease was so poor in symptoms. He also had great confidence in the waters of Neuenahr and Carlsbad; the latter should only be used in doses of half a tumbler; large quantities had a weakening effect.

Dr. Hochecker, of Hildesheim, related a case in which he had obtained improvement almost amounting to a cure from kreasot. 3, five drops twice a day.

Dr. Lorbacher, of Leipzig, related a case in which arsen. 3, in conjunction with Carlsbad, effected an improvement which lasted ten years. During that time the patient had begotten two children. He died of pyæmia, the consequence of a frostbitten foot which had suppurated. He alluded to the bromide of arsenic recommended by Clemens of Frankfort-on-the-Maine, and given by him in doses

corresponding to our 3x, two drops three times a day. In one case of an advanced character he had seen a decided arrest of the disease by this remedy.

Dr. Knüppel observed that Professor Berndt had, about the year 1840, published a case completely cured by kreasote.

Dr. Faulwasser, of Bernburg, called attention to the occurrence of diabetes in children, and related some cases in which a hereditary tendency to the disease seemed to have existed. These cases were cured with tinct. sulph. and calc. phosph. in low triturations.—*Allg. Hom. Zeit.*, 19th May, 1885.

AMERICA.

HEADACHES.—Dr. S. Lilienthal sends to the *Homœopathic Physician* for June a translation of an article on headaches by Dr. Kunkel, of Kiel. *Spigel.* 200 cured a case of headache in the forehead, left occiput, and zygoma, rapidly changing its seat. Pain setting in suddenly, *shooting in*. Sometimes nausea, but not during the paroxysms. *Cannot lie down with the head low.* When the patient looks downwards yellow stars appear, and when she looks at white things sees red flames. She was a widow over sixty. After one dose of the medicine she remained free for a year. Pain then appeared in forehead, temples, teeth, and deep in the orbit. *Cannot lie with the head low.* The same medicine was repeated. Two years after, complained that the old pains had come back, and were bad in windy weather. Still could not lie with the head low. Bitter taste. *Spigelia* 30 was given, a powder every evening. She has not reported herself since. *Spigelia* and *Arsen.* both have the condition worse in windy weather and by lying with the head low. *Spigelia* has when lying on the left side. Its pains are mostly tearing and lancinating, mostly on the left side; often palpitation accompanies. The pain comes suddenly. *Arsen.* has regular periodicity, and the pains are worse before and during east wind. Pain burning and beating. Anguish. Thirst. *Platina* has headache before and during windy weather, and when lying on left side; and in the fresh air. The pains are squeezing, boring, drawing, with numbness; often caused by emotions. *Phos.* has pains in windy weather or before it, and when lying on left side. The pains are shooting and suddenly appearing. Sleepy during the day. *Calc.-Carb.* is useful for left-sided headaches, especially in women whose menses appear before the time. *Kali Carb.* for headaches on either side; aggravation by draught or coldness; constipation with large formed stools. *Hemicrania.* *Coloc.*, headache caused by anger and depressing emotions, relieved by lying on the affected side. *Staphysagria*, headache with mental depression.

A COMPARISON.—Constantine Hering said (*Journal of Materia Medica*, quoted in *Hom. Phys.*, June): *Colocynth* has a great similarity to *Staphysagria*, not only in anger, with vexation and inclination to anger, but especially in abdominal colic, neuralgia, dysentery, and many other complaints. For this reason they often work well after each other, or in alternation.

LOCOMOTOR ATAXY.—Dr. H. C. Morrow communicates an interesting case of spinal affection to the May number of the *North American Journal of Homœopathy*. A lady, about sixty, about twenty years before, had strained her back by lifting, injuring her spine. From this time she had never been free from pain. About five years before coming under Dr. Morrow's treatment she had a fall, again injuring her back, and causing her to be confined to bed for a time, and the following year symptoms of ataxia set in. She had much sharp, darting pain in the back when Dr. Morrow saw her; pain in the right breast, especially the nipple, "as if it was being torn out with a pair of pincers;" palms of hands and soles hot and burning, especially at night. She was cross and irritable, and feared she would die. Sleepless. Under *Lach.* 6 the burning in feet and hands diminished, and the pain in the breast entirely disappeared; the power of locomotion improved. *Carbo Veg.* 60 relieved indigestion, and *Magnes.-Mur.* 200 the constipation. A sensation as of a cobweb on the face disappeared for good under *Ranunc.-Scel.* 200, and incontinence of flatus and faeces was completely relieved by *Opium* 30. A check in the progress of the case now occurred, and *Lach.* in all dilutions failed to help. From April to September, 1884, except that *Rhus* 200 removed an inflammation of the right knee, there was no progress. She now complained of pains like a red-hot needle darting along single nerve branches. Sensation as of something hard, like a very thin board, just under the skin of the abdomen. Left labium majus much swollen. Palms and soles burning at night. Pains in small points along the spine like small pieces of ice or cold needles thrust into the back. *Agar.* 30 was now given. In a week the improvement was marked. In two months she could walk quite well. All pain disappeared from the spine. The "board sensation" was present from the first, but nothing touched it except *Agaric*. The latter removed the burning of the palms and soles better than *Lach.* Dr. Morrow remarks on the success of *Lach.*, a left-sided remedy, in removing the pain in the right breast.

HAHNEMANNIANA.—Under this title Dr. Lilienthal relates (*North American Journal of Homœopathy*) several remarkable cases. A case of warts on the hands of a lady was cured with *Rhus* 9 and 1, by Dr. G. W. Gross. Hauptmann treated a lady aged fifty-two, slightly irritable, for a rheumatic pain in the left arm, which steadily increased in spite of embrocations, etc., with *Antim.-Tart.* 3. This gave great relief, but after two nights the pain returned. The sleep was unrefreshing and full of frightful dreams. Two doses of *Ignatia* 12 completely cured. Dr. Lilienthal asks: "Whoever thinks of *Ignatia* in rheumatism?" [We may inform him that on one occasion we not only thought of *Ignatia* in rheumatism, but rapidly cured a case of rheumatic fever with that medicine, which *Acon.* and *Bry.* failed to relieve. The patient was a young girl, somewhat hysterical.] *Lyc.* and *Sulph.* cured a woman aged thirty of a tendency to an eruption, which was the result supervening after an attack of scabies, cured in the ordinary way. There was burning itching preceding the eruption, then drying and peeling of the skin in small scales. Some chronic constipation.

OXALURIA.—Professor Cantini prescribes in this condition half a

litre of Bilin water daily, and a diet consisting exclusively of meat, eggs, beef-tea, and fish. Everything else is forbidden—such as green vegetables, fruit, starchy food, milk, tea, and coffee. A patient, a lady aged forty-four, suffering severely from the affection, after a week of this diet was much better; and in eight weeks the urine was normal, and health completely restored.—*North American Journal of Homœopathy*.

VERATRUM VIRIDE 3x IN DYSPNEA.—According to Dr. E. S. Bailey (*Clinique*), this medicine cured a case of distressed breathing which remained after a severe attack of whooping-cough in a girl aged eleven. The dyspnea came on at night; was unaccompanied by either cough or inflammation. The breathing was convulsive and sobbing. The medicine was given every hour. Subsequently the mother of the child was confined, and in a few days the baby showed signs of cold. The breathing was convulsive like that of the other child. The same remedy proved rapidly curative.

POWDERED BORACIC ACID IN OTORRHOEA.—A scrofulous boy aged three, after a cold had earache, inflammation, perforation of the drum, and otorrhœa. Dr. G. E. Blackburn, other measures having failed, adopted the following: “After carefully cleansing the ear by wiping it out with absorbent cotton, I inserted a speculum, poured in boracic acid, and gently packed it down with a soft pine stick just large enough to slip easily through the tube. This I continued to do until I had filled the canal. I then placed a small pedge of cotton in the ear and gave *Hepar S.* 30x, a powder every night and morning. This packing was washed out by the pus in forty-eight hours. I repeated it. Again in four days I had to repeat it. The result was a complete success. In three weeks I removed the hardened mass by using warm cosmoline, and now the membrane is entire. Hearing, so far as I can judge, is restored, and the patient cured.”—*Chinique*.

NOTES ON CONSUMPTION.—Dr. Charles Cullis, of the Berlin Consumptives’ Home, finds his best remedy in *Iodium 2x*, three or four drops three times a day. For cavity profusely suppurating, *Calc.-Hypophos. 2x* every two hours. For severe fever, *Acon. 200*, a single dose repeated in two or three days if required.—*Dr. John C. Morgan in U.S. Medical Investigator*.

ANTIDOTE FOR THE TOBACCO HABIT.—“In response to the request in the January number of the *Investigator* for help in the case of a talented minister killing himself with tobacco, I will give the benefit of my experience. In 1878 I was called upon to treat an old lady aged sixty years suffering from pneumonia. The remedy indicated was *Bryonia*, which was prepared and directions given for its administration with the remark that the patient was not to use coffee or any spices. The question was asked could she smoke her pipe. On being told that she would have to discontinue the use of tobacco, or the medicine would do her no good, she said she had been constantly using tobacco by smoking it in a pipe for forty years, and that she would not consent to discontinue its use. After considerable argument and persuasion on the part of her family, and a statement that I could do nothing for her unless she would discontinue it for at

least three or four days, she at last agreed to go without her pipe for three days. I then changed the medicine and gave *Arsenicum* 3x trit. every two hours for the purpose of antidoting and relieving the desire for nicotine. The next day I gave the *Bryonia* as an intercurrent remedy, which acted well. I kept up the *Arsenicum* for seven days. The desire for smoking decreased after the third day, and by the seventh day was entirely removed. The patient made a rapid recovery and did not resume the use of tobacco. Indeed, the *Arsenicum* made such a change in her that she could not even bear the smell of tobacco-smoke afterwards, and up to this day, now nearly seven years, she will not remain in a room where any one is smoking. I have frequently offered her a fine cigar and tried to hire her to smoke it, offering her one dollar one time and five dollars at another if she would smoke a cigar; but she would not entertain the offer, but would give a look of disgust at the idea. I have used the same remedy in other cases, and with similar results, but I have never used it long enough in any one case to effect disgust. Would like to hear the experience of others regarding this matter."—Dr. W. D. Gentry in *U.S. Medical Investigator*.

CAPSICUM IN INTERMITTENT FEVER.—Dr. H. W. Champlin communicates two cases of intermittent fever cured by *Capsicum* 30, the indications being "sweat beginning in lumbar region or between shoulder-blades. Feels chilly as soon as sweat begins; thirst, but drinking cold water aggravates." He has cured some cases in which the only leading symptom was chill beginning between the shoulder-blades.—*Medical Advance*.

EGGS IN THE TREATMENT OF WHITLOW.—Dr. J. A. Whitman, in the *American Homœopathist* (May), recommends for whitlow or felon, if it is a *real bone felon*, the following treatment:—Take a fresh egg and crack the shell at the large end, making a hole just large enough to admit the thumb or finger, whichever it may be, and forcing it into the egg as far as you can without further rupturing the shell. Wipe off the egg which runs out and bind round the whole a handkerchief or soft cloth; let it remain on one night and generally your felon is cured; if not, make another application.

INTELLIGENCE EXTRAORDINARY.—It is not often our adversaries are so intelligent or so fair-minded as Dr. Cathell appears to be in his recent work, "The Physician Himself." The *Medical Era* (May) quotes from him the following:—"Contrary to what many unthinking people believe, this creed gives the homœopaths perfect liberty to give an atom or an ounce of lime, salt, sugar, or anything else as a dose, provided they proceed on the homœopathic principle of similars; and the question whether we or you or any one else does or does not practise homœopathy *does not* depend upon the size of the dose at all. They might give an ounce of the medicine in cases in which you would but give a grain. Their ounce would not make them 'rational' physicians, nor your grain make you a homœopathist."

FUCUS VESICULOSUS IN OBESITY.—M. Duschesne Duparc finds *Fucus Vesiculosus*, sometimes known as *Quercus Marina*, or *Bladder*

Wrack, of great use in reducing obesity. It is reduced to powder and an extract is prepared from this. Fifteen or twenty three-grain pills are given daily, either at meal times or between meals. A homeopathic tincture may be prepared in the usual way and used instead. It was first recommended to M. Duparc as a remedy for psoriasis. He found no benefit from it in this disease, but noticed that those who took it became reduced in size; hence his use of it in obesity.—*California Homeopath.*

EARTH-EATING AND HELMINTHIASIS.—A girl, five years old, was brought to a hospital with the history that two years before she had vomited one round worm and passed several more by the bowels. She was noticed about the same time to eat earth in handfuls. She was scolded, kept indoors, and whipped to stop the habit, but in vain. She said she did it to relieve a gnawing pain at the stomach. When she could not get earth she would pick the mortar from between the bricks, and kept her pockets full to eat at her leisure. During the two years of earth-eating she had passed about a hundred round worms. She was kept in the hospital four months, passed many worms, and gained much in strength and flesh. After her discharge she passed a few more worms, but her prolonged stay had sufficed to cure her morbid appetite.—*St. Louis Periscope.*

FRANCE.

A BANQUET was held in Paris to celebrate the 130th anniversary of the birth of Hahnemann, and the "golden wedding" of French homœopathy. Fifty years before, in 1835, French homœopaths of all shades of opinion met round the same table; now we are glad to find our colleagues bearing the honoured and representative names of Jousset, Leon Simon, Lebourcher, and Hermel joining to celebrate together the memory of the dead we all revere.—*L'Art Médical.*

L'HÔPITAL ST. JACQUES.

THE General Meeting of the supporters of the Hôpital Saint-Jacques took place on the 8th of March, under the presidency of Dr. P. Jousset. The hospital is a new building, situated in the Ruelle Volontaire, Rue de Vaugirard, No. 227, the former hospital having been destroyed in the siege of Paris. We congratulate our colleagues on the success which has crowned their efforts to repair their loss, and the flourishing condition in which their institution now finds itself. A full account of the proceedings may be found in *L'Art Médical* for May.

CHINA φ IN ERYSIPELAS.

IN a clinical lecture on the treatment of erysipelas Dr. Jousset recommends the mother tincture of *China* in teaspoonful doses every two hours. He had learned this treatment in the clinique of Jaccoud, and had found it superior to the ordinary homœopathic treatment. In a case occurring in a young girl, the symptoms being at first mild, Dr. Jousset gave *China* 6. The disease steadily progressed, the temperature rising high, till on the evening of the second day of treatment *China* φ was given as stated above. In twenty-four

hours there was decided improvement; in forty-eight hours still more; and the third day the patient was convalescent.—*L'Art Médical.*

TUBERCLE IN FAMILIES.

IN his summary of the proceedings of the Académie de Médecine, Dr. Piedvache gives an account of a paper by Dr. Leudet, of Rouen, on *Tuberculosis in Families*. Dr. Leudet is a practitioner of many years' standing, and the observations, of which he gives a valuable summary, extend over his father's lifetime as well as his own. Among the conclusions come to are the following:—(1) Acquired tuberculosis generally attacks persons debilitated by some disease; but pneumonia and bronchitis do not seem to predispose to it more than others. (2) Hereditary transmission exists in more than half the cases of phthisis; it is more frequent in the maternal than in the paternal line; the chances are much increased if both parents are of tubercular families. (3) In tubercular families one generation may escape, the next being affected. (4) The tendency may be expressed in other diseases—such as paralysis, insanity, diseases of the joints. (5) In 100 tubercular families twenty presented diseases of the bones; tubercular affections of the bones and joints very often precede tuberculosis in the lungs. (6) The marriage of a member of a healthy family with one of a tubercular family lessens the chances of tuberculosis in the descendants, but does not extinguish the tendency. (7) Contagion is the exception and not the rule. (8) Cure is met with just as frequently in the subjects of hereditary phthisis as in the subjects of acquired: both may be cured at all periods; softened tubercles, a little extensive, are the most frequently cured. [We commend these most valuable observations to the notice of those who think the proper places in which to study clinical medicine are rabbit-hutches and dog-kennels.]—*L'Art Médical.*

ALLOPATHIC HOMŒOPATHY.

“Gleams of a fruitful suggestion.”—JONATHAN HUTCHINSON, F.R.C.S.

NOCTURNAL INCONTINENCE OF URINE CURED BY LARGE DOSES OF BELLADONNA.

THERE is no symptom more constant in the provings and poisonings of *Belladonna* than that of involuntary passage of urine during sleep or stupor; and homeopaths are well aware of its virtues as a curative agent in this condition. Our friends of the old school are beginning to find this out, as the following case, reported by Dr. Thurston in the *British Medical Journal*, will show. The largeness of the dose taken, and the permanence of the cure, may teach us that we do not always gain by diminishing the dose, and that the law of similars is quite independent of the law of dose—a law which it will require a second Hahnemann to elucidate:—

“Kate C., aged seven, a delicate child, whose legs were so curved by rachitic deformity that she was scarcely taller than an average child at four years, had been troubled with nocturnal incontinence since her birth. Various plans had been resorted to by the mother without success.

"She was ordered ten minimis of tincture of *Belladonna* three times a day. I heard nothing more from her parents, but a fortnight after I happened to meet the mother, and was told the medicine had been persevered in for six days without any appreciable result, and it was evidently looked upon as a hopeless case. I persuaded the mother to try once more. This time I ordered the *Belladonna* in drachm doses, one dose to be taken in the afternoon, and one four hours later, just before going to bed. These doses caused excitability and a little wandering. The second night there was no incontinence. After that, only one dose a day was taken at bed-time, and this was continued for four more nights. The cure was complete and permanent. Upwards of four months have elapsed, and there has been no recurrence of the trouble."

"REMARKS.—There can be no doubt, in this case, that the taking of the *Belladonna* and the curing of the incontinence were cause and effect. It is a very clear instance of the different effect of the same drug taken in different doses."

With this compare the following case of *Belladonna* poisoning :—

"On January 26th I was called to a woman said to be dying, and was informed that, five hours previously, on awaking in the night in pain, she had taken by mistake an ounce of *Belladonna* liniment instead of her medicine, and in about twenty minutes had passed into a state of insensibility. Copious draughts of mustard and water and salt and water had been administered without provoking vomiting. I found her in a state of coma ; the extremities were warm ; the abdomen was slightly hard ; breathing was regular ; pulse 70, fairly good. There was inability to swallow ; the pupils were natural, and not sensitive to strong light. Three hours later her condition was not much changed ; the coma was not so complete ; there was some struggling ; there was incontinence of urine ; the pupils were unaltered. . . . Next day all symptoms had disappeared, except some dryness of the mouth and throat."—Mr. Charles Wood, in *British Medical Journal*, February 21st.

ACETATE OF LEAD IN ANEURISM.

On the 18th of April an interesting letter appeared in the *British Medical Journal* from the pen of Mr. Jonathan Hutchinson, giving the details of a case of cure of abdominal aneurism by "rest and medicine." The medicine given was the *Acetate of Lead*. What suggested to Mr. Hutchinson the propriety of giving lead for aneurism we should much like to know. We do not remember having heard of such a use of lead, but the homœopathicity of the drug to the disease is undoubted. In Dr. Black's "*Plumbum*," in *Materia Medica, Physiological and Applied*, many cases are referred to in which disease of the heart and arteries was found dependent on lead poisoning. One is reported by Addison in *Guy's Hospital Reports*. In symptom 207 we find, "Lesions of aortic valve, atheromatous degenerations, described by some as due to lead." We have ourselves seen a case lately in the Homœopathic Hospital, Great Ormond Street, of a patient suffering from lead poisoning, in whom there were a number of aneurisms in the lower limbs pulsating strongly. Rosenstein and others have said that lead causes contraction of the arterioles. Possibly this may have suggested the propriety of giving the drug. Be that as it may, the action is undoubtedly specific and homœopathic, and the next time *Carbonate of Baryta* fails us we shall give the *Acetate of Lead*, and thank Mr. Hutchinson for the hint. Here is the letter :—

"Sir,—In your interesting leader of last week on Professor Loreta's case of operation for abdominal aneurysm, you write, 'nor are we aware that any aneurysm so situated has been cured by rest and medicine.'

"Will you allow me to state that there is, in the pages of the third volume of the *London Hospital Reports*, a case which was almost precisely parallel with the one under comment, and which did get well under 'rest and medicine'? The patient was under the care of Dr. Daly of Dalston, who published the narrative; but he was also seen by myself.

"Briefly, the facts were these. The patient, a man aged thirty-three, had, whilst lifting furniture, felt something give way in his abdomen. He subsequently called his doctor's attention to something beating at the pit of his stomach, and there was found 'a tumour of the size of two fists, visibly pulsating.' The pulsation was expansive, and there was a loud *bruit*. The tumour could be partially emptied by pressure, but filled again directly; the femoral arteries beat normally. I saw the man in consultation the day after Dr. Daly had discovered the aneurysm; and, after very careful examination, I felt no doubt whatever as to the correctness of the diagnosis. The tumour filled the epigastrium, and bulged prominently. We gave, of course, a most unfavourable prognosis, but decided to give the plan of treatment by rest, &c., a very careful trial. The man was kept on his back in bed, and not allowed to move for any purpose. Ice was constantly applied over the tumour, fluids were restricted, and the *Acetate of Lead* administered. The latter was given in doses of three grains three times a day, and it was pushed until it produced the blue line on the gums and troublesome constipation. At the end of a fortnight's treatment the tumour was much smaller and firmer. Dr. Daly could hear no *bruit*, but there was still pulsation. At the end of three weeks more there was neither *bruit* nor pulsation. At the end of three months from the beginning I saw the patient again, and was able to confirm Dr. Daly's report that all evidence of tumour had disappeared. There was considerable thickening in front of the vessel, but no defined lump could be distinguished. The man was now allowed to leave his bed, and he subsequently returned to his occupation and remained well.

"The diagnosis of abdominal aneurysm is beset with difficulties, that we are obliged to regard with some scepticism all cases which deviate remarkably from the ordinary course. In this case the cure was effected with exceptional ease and rapidity. Yet, in reading Dr. Daly's record, I cannot see that there is any real reason for doubting that we were correct. I had not the slightest doubt of the diagnosis at the time. Nor are the other conditions which might have simulated aneurysm at all more likely to have afforded us an example of spontaneous recovery. The tumour must either have been an arterial one or a soft pulsating solid. Between a vascular sarcoma and an aneurysm it is sometimes almost impossible to pronounce until the case has been watched for a time. But then vascular sarcomata are not apt to disappear. I may confess that I am myself a strong believer in the practicability of cure of aneurysms by rest, &c., and even in their occasional spontaneous solidification. In many thoracic cases great benefit accrues from these measures, and sometimes probably a real cure. I published, some years ago, a case of carotid aneurysm diagnosed ten years before the patient's death, in which the necropsy proved complete spontaneous solidification; and there is, in the London Hospital, a splendid preparation showing this occurrence in an aneurysm of the innominate. Such cases should, I think, make us as surgeons very careful in advising operative treatment under circumstances involving unusual risks. The cases clearly are not otherwise beyond hope. The Bologna professor is to be heartily congratulated on the success which has followed his daring practice. In spite of that success, however, I should prefer to advise a patient with an aneurysm in the abdomen to trust to rest, ice, and dry diet, &c., rather than have the tumour punctured, and two yards of copper wire put into its cavity.—I am, &c., JONATHAN HUTCHINSON."

REVIEWS OF BOOKS.

ARNDT'S SYSTEM OF MEDICINE.¹

[SECOND NOTICE.]

A FURTHER examination of Dr. Arndt's first instalment enables us to say that the work is thoroughly sound. In some parts the writers might with advantage have been more brief, and in others more full; but whatever they have done bears evidence of having been duly weighed and considered after full consultation of the best and latest authorities on the subject. The writers are fully abreast of the times on the subjects which they have undertaken to treat of. In fact, we could almost complain that in some instances they are ahead of the times. The significance of the bacillus of tubercle and its precise relation to pulmonary consumption are not by any means accurately defined as yet; but Dr. Herbert C. Clapp is an enthusiastic adherent of the bacillary pathology of phthisis. We are glad to see, however, that as regards treatment his pathological creed does not influence his choice of drugs for internal administration. His efforts against the bacillus are all directed to that interesting microbe whilst outside the body. In this we are altogether agreed with him. The chapter on Physical Diagnosis, by the same writer, is admirably done, as we might expect. Dr. Clapp is a recognised authority here. We do not understand, however, what makes him say (p. 59) that "pectoriloquy is rare." In our experience such has by no means been the case. Dr. Morse, in his able chapter on Disease of the Nasal Cavities, makes a few pertinent remarks on diet:—

"At one time the writer made a practice of recommending to all his catarrhal patients, indiscriminately, the use of milk, oatmeal, and cracked wheat as chief items in the diet list. To his surprise, he found that these articles, so nutritious and wholesome in theory, prove quite the reverse in a great many instances when put to the test. It was not long before he made the discovery that oatmeal and cracked wheat, especially when cooked on the American plan, require a vigour and staying power, so to speak, in the digestive functions which many of his patients were far from possessing, or, indeed, ever acquiring. As to milk, it was forced upon his consciousness at last that to many stomachs it is a veritable poison."

In chronic catarrh he finds the post-nasal douche of great service:—

"A medicated lotion may be prepared by adding to an ounce or two of warm soft water three or four drops of the fluid extract of *Hydrastis Canadensis*, or of *Sanguinaria*, or of ten to twenty drops of the homœopathic remedy which is being administered internally."

In the treatment of chronic catarrh Dr. Morse finds *Arsen.*—

¹ *A System of Medicine based upon the Law of Homœopathy.* Edited by H. R. Arndt, M.D. In three volumes. Vol. I. Philadelphia: Hahnemann Publishing House; F. E. Boericke. London: Homœopathic Publishing Company.

Iod. of much more service than simple *Arsenic.* Dr. E. M. Hale treats of various diseases of the heart with the mastery of one who is all at home in his work; and, as we should naturally expect from such an eminent therapist, he has much to say on the medicinal treatment of cardiac disease. All those who wish to know the power and position of the newer heart remedies will find all they want in this volume. There is one recommendation, however, which will excite some comment. Dr. Hale says:—

"I have for many years used a compressed tablet made by Boericke and Tafel, each one containing digitalis folia, or solid extract, gr. $\frac{1}{2}$, and strychnia gr. $\frac{1}{16}$. Of these I prescribe one every six or eight hours. Under their use the heart's action becomes regular and forcible, and unless the damage is irremediable soon resumes its normal action and functions. In anæmic cases the citrate of iron and strychnia, in doses of five grains of the 1x, is an admirable remedy."

For ourselves we have no objection to mixtures *per se*; and when any one will tell us how to use them, and wherein they are better than singly-used remedies, we are quite ready to try them. As a matter of fact, we do use mixtures every day—what mixture can be more complicated than opium, for instance? We are less inclined to agree with Dr. Hale when he indulges in talk of this kind:—

"Recent investigations have fixed definitely the place [of digitalis], and have proved that it is a cardiac tonic, but with a double action, like all other drugs."

Here Dr. Hale enters the region of theory and loses his footing. We thought the talismanic terms "tonic," "relaxant," "antiphlogistic," and the rest, with all their attendant trains of hoary-headed delusions, had been left to the self-styled "Rational" school of practitioners, to whom they belong by right of inheritance. And when Dr. Hale tells us that all drugs have a double action we must again demur; in our experience drugs have actions much too complicated to be stated in this fashion. The only double action we know of is their opposite action in health and disease.

Diseases of the pharynx are ably treated by Dr. Laird. We could wish Dr. Cowperthwaite had been a little more full in his account of constipation and its treatment. What he gives us is excellent, and makes us regret the more that he has given so little.

The editor makes some very pertinent remarks in his introductory chapter. He distinguishes clearly between the science and art of medicine. When, however, he says that "Medical diagnosis is not a science, it is, to all intents and purposes, an art," we only half agree with him. As there is a science and art of medicine, there must be a science and art of diagnosis. The art of diagnosing is based on certain more or less definitely

known facts. This knowledge constitutes the *science* of diagnosis.

In conclusion, we have one or two faults to point out. The writers generally adopt the third person, and sometimes the editorial "we," in their articles. This we think a decided mistake. Their work loses directness; and as each writer is responsible for what he writes, the avoidance of the first person smacks a little of affectation. The use of the words "some" and "quite" in ways unknown to classical English writings should be avoided, however effective they may be in conversational American English. We hope Dr. Mitchell in the next edition will explain to us the meaning of this sentence (p. 198):

"It seems reasonable, on the contrary, according to Bamberger, that the obstruction to respiration is shown by the fact that it is forced and prolonged, together with the absence of the sibilant râles showing constriction in the medium-sized and smallest bronchi."

It would be better if Greek words were always printed in Greek characters. This is done sometimes, but not always, and "the Greek, Askites" looks somewhat strange. On page 19, in giving the significance of the various terminations of medical words, we are told that "*αα* means a flux upon a mucous surface." This is of course a slip, and should be *rrhea*, from *ρέω*, I flow.

These are but motes in a sunbeam; and now we have done with fault-finding. We heartily thank Dr. Arndt and his coadjutors for this first instalment of this truly great work, and we conclude by urging our readers to make themselves possessors of a copy without delay.

LITERARY LIFE OF CONSTANTINE HERING.¹

FOR upwards of fifty years the prolific pen of Constantine Hering continued to send contributions to the press. In 1826 stories written by him were published with others written by his elder brother Ewald, and the profits made from the sale of these helped to defray the expenses of the two brothers at the university; and in 1880, whilst at work on his "Guiding Symptoms," "the hand that had worked so long and untiringly fell nerveless, even before the ink had fully dried on the page last written." The mere list of his works occupies upwards of ten octavo pages. Dr. Knerr has given us a most interesting account of this long literary career of his venerable master. It is illustrated with a photogravure frontispiece representing the old man

¹ *Literary Life of Constantine Hering.* By C. B. Knerr, M.D. (A reprint from the Hering Memorial.) Philadelphia. 1884.

in his study. Here is Dr. Knerr's pen-and-ink sketch of the same subject:—

"A very considerable portion of Dr. Hering's life, particularly the early morning hours, beginning at three o'clock, were devoted to literary work. His books and manuscripts were his companions by night, for his sleeping-couch was placed in his library. Before it stood his writing-table covered with material and necessities—quills ~~un~~, and quill pens in all stages of usefulness and uselessness; blue ink, used in preference on account of its readiness in drying; red and blue crayons, convenient for proof-marking and for making marginal notes and interlineations; paper-weights and blotters; scissors, penknives, and paper-cutters, all in apparent confusion, but within easy reach. The light burning over this table had an arrangement by which he could regulate it without taking the trouble to rise."

"When the sleeper awoke all his materials were ready, and by curtailing sleep, which his excellent constitution seemed to allow him to do with impunity, many a small hour in the morning, when all was quiet in the house and in the street, was devoted to his literary work. This was generally protracted until patients required his presence in the office."

It will be news to many of our readers that Hering, especially in early life, wrote verses, light prose, fairy tales, satires, and novelettes. The first time he undertook to write about Homœopathy was when he was little more than twenty-one, and the work he projected was against and not in favour of the system of Hahnemann. Like many another who has undertaken the same task with honest intentions, he found it more difficult than he expected. "It seemed as if some mystic agency was luring me to conviction, for there was rhyme and reason in everything." Nevertheless he persevered, and had nearly finished the book, when he was completely converted by an instance of homœopathic action in his own person. He had received a poisoned wound in one of his hands, which was well-nigh being lost under the orthodox treatment of the day, when he submitted himself to the care of a Hahnemannian friend, who cured him in an almost miraculous way with infinitesimal doses of arsenic. His confutation of homœopathy was never printed. In his graduation thesis he wrote on the "Future of the Healing Art," and "stood up, a poor student, before an august body of learned men, the faculty of the time-honoured University of Würzburg, and defended the tenets of homœopathy as taught by the fanatic Samuel Hahnemann." This was in 1826. From that year onwards Hering's works flowed on in an almost continuous stream. For a long time *Stapf's Archives* continued to be the chief medium of his publications, but in 1833 we find him in Philadelphia delivering an address at a meeting of the Hahnemann Society. It was written in German and translated. Hering always wrote most fluently in his native language, though he thoroughly mastered English.

That Hering was not the slave to Hahnemann's dicta that some of his followers maintain we ought to be, will appear from the following. Dr. Knerr tells us that—

"He differed from the theories put forth by Hahnemann in this (what is meant by 'similar') as well as in most other respects, and he declared his opinions candidly during the lifetime of the Master. He was the first to attack Hahnemann's doctrine of primary and secondary effects. He was the first who openly defended pathology against Hahnemann's views, and so successfully that Hahnemann sanctioned the teaching of pathology in Allentown Institute. He was the first to propose triturations and dilutions in the decimal instead of in the centesimal scale used by Hahnemann. Yet while he had little to say in favour of Hahnemann's theories, he strenuously defended Hahnemann's inductive method of reasoning and the practical rules that resulted therefrom."

And we find in his *Hints by which to Form a Correct Estimate of Hahnemann's Organon* that, so far from accepting the Master as infallible, he did not accept a single one of his theories. How Hahnemann would have treated the less intelligent homage of some of his disciples may be gathered from the praises he bestowed on the independent-minded Hering. "Let Hering alone," he said; "he knows what he is about. All theories and hypotheses have no positive value but this—that they lead to new experiments and a clearer contemplation of the results of previous ones." In *Homœopathic College and Other Chairs*, addressed to allopaths, he again shows his liberality of mind. He says:—

"We do not hold in contempt your teachings, which we accept as far as they accord with truth; nor do we disdain your opposition, for we recognise the historical necessity of antagonism in a province in which probabilities must be weighed."

We may all take a hint from this. Such is the "glorious uncertainty" of all things medical, even when they look most certain, that the weighing of probabilities is a work that we have never done with to the last day of our professional lives. Hence arises the necessity for a charity that will cover a multitude of conflicting opinions.

Hering's greatest and most enduring work is that bestowed on the enriching and arranging the *Materia Medica*. His provings and elucidation of the powers of the snake-poisons is in itself enough to secure him undying fame. His *Domestic Physician* has gone through a large number of editions both in Europe and America. The *Analytical Therapeutics* he has left in a state ready for publication, but the first volume only has seen the light as yet. His *Guiding Symptoms* is now in process of publishing; and, though he only left two volumes complete, an enthusiastic band of loving disciples are earnestly at work on the author's original plan. The fourth volume has recently come to hand, and it well sustains the promise of its forerunners. Dr. Knerr has earned the thanks of all homœopathists by putting together in this admirable way the "literary life" of Hahnemann's greatest disciple. Dr. Knerr fitly concludes his brochure by quoting Hering's own words, written in 1855, to

encourage the members of the Provers' Union which he had just formed. They stamp the spirit of their author's own work ; and we recommend them to the consideration of those who think that the only possible ways of advancing Pharmacology are by torturing helpless animals or by experimenting on patients. Hering's words are these :—

"Let every true Christian follow in the footsteps of the Great Captain of his salvation and 'lay down his life for the brethren ;' that is, let every true homœopathic physician experiment on himself as a healthy subject, instead of his patient as a diseased one ; let him offer himself a sacrifice, give a free-will offering of his own suffering, pour out a part of his own life, to win the gerdon of the divine gift of a more infallible and increasing ability to heal the sick."

LITERARY NOTES AND NOTICES.

As noticed elsewhere, the British Homœopathic Society and the American Institute of Homœopathy have come to an agreement about the production of the first four volumes of the *Cyclopaedia of Drug Pathogenesis*, and that work is now being vigorously pushed forward. Dr. Hughes has given up all other literary work and the honorary secretaryship of the British Homœopathic Society in order to devote all his spare time to the *Cyclopaedia*.

The prize essay on *The Causes and Prevention of Blindness*, by Dr. Fuchs, translated by Dr. Dudgeon, is just out. Baillière, Tindall, and Cox are the publishers. The essay, it will be remembered, gained the £80 prize offered by the Society for the Prevention of Blindness. The work has two Appendices, one by the translator and one by Dr. Roth.

Dr. Ameke's History of Homœopathy, translated by Dr. Drysdale, of Mentone, and supervised by Dr. Dudgeon, is in the press. It is to be issued under the auspices of the British Homœopathic Society.

We have ourselves in the press a small work entitled *The Prescriber: a Dictionary of the New Therapeutics*. The work is intended chiefly for the use of young practitioners who are taking up homœopathy and need help in prescribing. It is such a work as we ourselves felt the want of years ago, and has been prepared with the hope of making the practice of homœopathy easier to acquire than we found it. The names of the diseases are given in alphabetical order, and under each heading the drugs most commonly useful in treating the disease, with the special indications for each particular drug. Where no special indications can be given distinguishing between several medicines, numbers are prefixed to the names of the medicines in the order of their general usefulness and importance. To the

name of each medicine is appended the dilution recommended, the dose, and the frequency of repetition. It is hoped that the work will be found useful by those friends of our cause who by force of circumstances are obliged to practise homœopathy as amateurs by reason of their living where qualified homœopathic practitioners are not to be had. And it is also hoped that medical men may find in the little work an epitome of homœopathic practice which will occasionally serve to refresh the sometimes overburdened memory. The book will consist of about 200 pages, foolscap octavo. Mr. Ashwell, of 74, New Bond Street, is the publisher.

NURSING.

THE SCIENCE AND ART OF NURSING.

NURSING is an art. There are certain things a nurse must know in order to practise her calling with intelligence, and this knowledge constitutes the nurse's *Science*. Among the things which a nurse must know are the general principles of hygiene—the science of health,—the value of fresh air, the bath, and proper food and exercise. She should have some general notion of anatomy and physiology, and something more than a general notion of the treatment of simple wounds. In some institutions it is considered necessary that probationers should pass a pretty severe examination in physiology and anatomy. In our opinion this is not at all desirable, as the nurse is not required to be a physician; she is apt to be overburdened with knowledge rather than helped if too much in this line is attempted. A clear notion of the broad facts of anatomy and physiology is all that she requires. We know for a fact that those nurses who have passed most highly in their examinations in physiology are not by any means the most skilful in nursing-work proper. In the world's history it has always been observed that art has come before science. Science grows out of art; and many an accomplished nurse knows what she knows, and is able to make perfect use of her knowledge, without in the least being aware how it has been acquired. Such an one would infallibly be "plucked" in an examination which inferior nurses, but better physiologists, would pass with ease.

Skill in nursing—proficiency in the *art of nursing*—is only to be acquired by practice. No amount of book-learning will accomplish this. The aid of books is not by any means to be despised; but they must not be expected to do more than they are intended. It is only in so far as their teaching can be reduced to practice that they are of any use. Much more of the *science* of nursing is learned in the actual ward-work than

all the books can teach. A nurse finds out in her practice what it is she needs to know, and the conditions with which she has to deal, in a much more effectual way than from books. When reading is pursued evenly with ward-work, then it is often of great service; but it must always be recognised as subsidiary to the latter. It is possible to learn to nurse well without books; it is not possible to learn to nurse well from books alone.

In future numbers we purpose to consider some of the points in the science and art of nursing which we hope may prove of practical use to those who are following the nursing profession. We propose to commence with an article on—"How to Feed Patients."

DIETETICS.

INFANT FEEDING IN ILLNESS.

THE following useful observations, by Dr. Keating, occur in the *Archives of Pediatrics* :— "If a child is so weak and exhausted that it will not digest the mildest form of prepared food, and it is impossible to obtain the breast, it is useless to weaken the condensed milk, or whatever we use, to such a degree as to make it absolutely valueless as a nutrient. The proper thing to do is to give some form of food which requires but little action of the digestive juices, or to prepare the food so that it is partially digested beforehand. I have used for some time, with great advantage, egg albumen dissolved in water as a food for sick children when the stomach is intolerant of ordinary milk food. I have also observed that gum-arabic water will nourish for a surprisingly long time and allay irritability. Barley food would be valueless in a case of this kind, and pure cow's milk, diluted to resemble as closely as possible the mother's milk, would be regurgitated. In such cases the preparation of milk which has undergone partial digestion by the pancreatic ferment, in an alkaline condition, I have found most useful. The preparation is one which must be made with care, and according to the following directions: Into a clean quart bottle put a powder of five grains of extractum pancreatis, and fifteen grains of bicarbonate of sodium, and a gill of water; shake, and then add a pint of fresh milk. Place the bottle in a pitcher of hot water, or set it aside in a warm place for an hour or an hour and a half, to keep the milk warm, by which time the milk will have become well peptonised. When the contents of the bottle acquire a greyish-yellow colour, and slightly bitter taste, then the milk is thoroughly peptonised—that is, the casein of the milk has been digested into peptone. Great heat or cold will destroy this digestive action; so, to prevent all further action when you think that digestion has proceeded far enough, at once place the bottle on ice, or into a vessel of boiling water long enough to scald the contents, and it may then be kept like ordinary milk. The mother should be warned to frequently taste the milk during its digestion, and as soon as the bitter taste is in the least apparent, the bottle

should be placed on the ice for cooling, as in these cases it is sufficient to partially peptonise the milk. I mention these facts particularly as, strange to say, I have always failed with it in hospital practice, whereas in private I have had some excellent results, owing, I think, to the extra care in preparation. *Whey* is another admirable alternative in these cases. It may be made with wine, when there is great weakness; but mothers do not often know how to make wine-whey. The proper method is, when the milk is boiling, to put in a wine-glassful of sherry, say, to the pint; and if the curd does not separate, then add more wine until it does. As soon as you notice separation of the curd, add no more wine, but let the mixture boil for a time, until the whey and curd have become thoroughly separated—consuming about five minutes. This should be thoroughly strained. It has been recommended to use *lime-water* in the feeding of infants and young children. I am opposed to its indiscriminate use. I have seen children who could not tolerate even the weak preparation of the pharmacopœia. Undoubtedly at times it may arrest vomiting, as we all know, both in children and adult practice, but I much prefer, when it is necessary, to use an alkali—and if you use cow's milk raw for a young babe, it is always advisable to see that it is made alkaline—to do it with a small quantity of bicarbonate of sodium. . . . I have one word of caution to give you in regard to the use of *sucking-bottles*. They are certainly useful as labour-saving machines in early infancy, and when thoroughly cleansed and carefully watched are no doubt indispensable; but I have long come to the conclusion that if you can persuade the mother and nurse to take the time and feed the child that is old enough to manage by the cup or spoon, the word *colic* will seldom meet you in your practice. I am convinced that in institutions for foundlings, if it were possible to discard the bottle the percentage of deaths would be much diminished."—*Med. Times, June 21st, 1884.*

DISTILLED WATER IN CALCULOUS DISORDERS.

IT is now some years since Dr. Murray drew attention to the fact that the continued use of soft water brought about in many instances the disintegration of small renal calculi. Since then soft or rain water has been extensively employed, not only for the solution of calculi, but also for the relief of dyspepsia associated with persistent deposits of urates and oxalate of lime crystals. In the country, with opportunities for the storage of rain water, there is no difficulty in procuring a sufficient supply of soft water for the purpose, but in large towns considerable difficulty has been experienced in obtaining soft water in quantity and also sufficiently fresh to be palatable—the distilled water sent out by chemists in gallon jars, which is generally resorted to, being apt to become stale and acquire an unpleasant flavour by keeping. This difficulty has been met by supplying distilled water in an effervescing form by charging it, we believe, with carbonic acid gas. This renders the water brisk and palatable, without, as a rule, impairing its solvent action. Still there are some cases, notably those attended with persistent deposits of oxalate of lime in the urine, in which the ingestion of large quantities of water charged with carbonic acid is not advisable, and it would be a distinct advantage if, in addition to distilled water rendered sparkling with

carbonic acid, we could procure a water simply charged with compressed air; whilst a water so charged, but with an additional volume of oxygen introduced, would often be a distinct advantage. Independently of its use as a solvent, it must be remembered that distilled water is one of the best and simplest diuretics, and that in a pleasant and palatable form it could be employed with benefit in many of those cases of dyspepsia in which the urine is highly concentrated, and which Murchison considered to be the result of lithæmia. (*Lancet*, October 25th, 1884.)—*Practitioner*.

THE SALISBURY STEAK.

IN the *Philadelphia Medical Reporter* for January 10th, Dr. Hepburn describes the way in which the steak is prepared in the "Salisbury" treatment, which has acquired a great reputation in America for disordered digestion, and widely different diseases of a chronic kind, few drugs being employed simultaneously, and those chiefly of a tonic kind. The best slices of a round of beef are chopped off with dull knives, the object being rather to pound than to cut the meat. A hand chopper can be used, but if the patient is to live exclusively on this diet, he would save much time and trouble by purchasing a meat chopper, and having the knives blunted. By this pounding procedure the pulp of the meat is made to come to the top, and the tough, fibrous portion remains below. The pulp is scraped off and made into cakes—like sausage-cakes, or into the shape of a good-sized steak. This is gently broiled on a gridiron, meat so cooked being more digestible than when eaten raw. The fire must be good, so that the meat may be readily broiled—that is, be cooked on the outside and almost raw within. A little salt and pepper and a small amount of butter renders it a not at all unpalatable dish, and it is one which contains all the strength of the beef, with the tough indigestible part entirely separated.—*New York Medical Times*.

WHITE OF EGG IN OBSTINATE DIARRHœA.

CELLI has recently called attention to the curative properties of the albumen of hens' eggs in severe diarrhoeal affections. In a discussion before a medical society at Rome he advocated its use, and related two cases of chronic enteritis and diarrhoea, which, having resisted all treatment, speedily made complete recoveries under the use of egg-albumen. The same diet is strongly recommended in the diarrhoea accompanying febrile cachexia, and in that of phthisis. In two cases of diarrhoea dependent upon tertiary syphilis it was found of no avail. On post-mortem examination diffuse amyloid degeneration of the arterioles of the villi was found in these cases. The mode of administration is as follows: The whites of eight or ten eggs are beaten up and made into an emulsion with a pint of water. This is to be taken in divided quantities during the day. More may be given if desired. The insipid taste can be improved with lemon, anise, or sugar. In case of colic a few drops of tincture of opium may be added. (*Allgemeine medicinische Central-Zeitung*, October 8th, 1884.)—*Practitioner*.

REPORTS OF INSTITUTIONS.

NORTH WILTS HOMEOPATHIC DISPENSARY AND PROVIDENT INSTITUTION.

We have received the Twenty-fourth Annual Report of the North Wilts Homœopathic Dispensary and Provident Institution, Devizes. We are glad to learn that the Institution is in a flourishing condition. Dr. Bodmin's removal to Bristol has caused a change in the medical officership. He has been succeeded by Mr. Cyrus Clifton, who, we are glad to notice, has reintroduced the PROVIDENT element into the Institution, and has been so far rewarded with encouraging success.

GENERAL CORRESPONDENCE.

HOMŒOPATHIC DISPENSARIES IN GLASGOW.

To the Editor of the Homeopathic World.

SIR,—In your "Notes" in this month's *Homeopathic World* you state, with reference to a recently established dispensary here, that "hitherto Glasgow has not possessed an institution where the homœopathic method of treatment was placed within reach of the poor." Permit me to inform you that I conduct, and have conducted for nearly two years, such an institution, at which *poor* people not only receive advice and medicine gratuitously, but without having to hunt all over the city for a subscriber's recommendation.

With regard to the "conference" spoken of in your Reports of Institutions in the same issue of the journal, you will no doubt be surprised to learn that, although there are six qualified homœopathic practitioners in Glasgow, four of them knew nothing whatever of that "conference" until some time after it had been held, and then only indirectly—one on receiving a letter soliciting a subscription, and the others from their patients and friends who had been called upon for pecuniary support.

I am, yours, &c.,

GEORGE LADE,

Physician to the Glasgow Central Dispensary for the Homœopathic and Hydro-therapeutic Treatment of Disease.
Glasgow, July 6th.

[We are delighted to learn that Glasgow is better provided with homœopathic dispensaries than we thought. We hope Dr. Lade will send us reports of his institution. We think, however, that a city of the size of Glasgow should have a dispensary on a public foundation, after the pattern of the Liverpool dispensaries, and this, we take it, is the idea of the promoters of the new one. Could not our Glasgow friends take a hint from the article by Dr. Clifton in our last number and found a number of *Provident Homœopathic Dispensaries*?—ED. H. W.]

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Arlt (F. R. von).** Clinical Studies on Diseases of the Eye, including those of the Conjunctiva, Cornea, Sclerotic, Iris, and Ciliary Body. Translated by Lyman Ware, M.D. Illustrated. (Philadelphia. 12s. 6d.)
- Balfour (F. M.).** Treatise on Comparative Embryology. 2nd edition. 2 vols. Vol. II. Reprinted without alteration from the first edition. (Macmillan. 21s.)
- Bellamy (E.).** Students Guide to Surgical Anatomy. 3rd edition. (Churchill. 7s. 6d.)
- Braithwaite (J.).** The Retrospect of Medicine. Vol. XCI. January to June, 1885. (Simpkin. 6s. 6d.)
- Charteris (M.).** Health Resorts at Home and Abroad. (Churchill. 4s. 6d.)
- Cheyne (W. W.).** Manual of the Antiseptic Treatment of Wounds. Illustrated. (New York. 7s. 6d.)
- Diver (E.).** The Young Doctor's Future; or, What shall be my Practice? (Smith and Elder. 4s.)
- Farquharson (R.).** School Hygiene and Diseases Incidental to School Life. (Smith and Elder. 7s. 6d.)
- Gowers (W. R.).** Lectures on the Diagnosis of Diseases of the Brain, delivered at the University College Hospital. (Churchill. 7s. 6d.)
- Gubb (A. S.).** Aids to Gynaecology. (Baillière. Sewed, 1s.)
- Hemming (W. D.).** Aids to Forensic Medicine and Toxicology. (Baillière. Sewed, 2s.)
- Hewett (C.).** Guide to Continental Medical Degrees. (Renshaw. 2s. 6d.)
- Howes (G. B.).** An Atlas of Practical Elementary Biology. With a Preface by Professor Huxley. (Macmillan. 14s.)
- Keith (T.).** Contributions to the Surgical Treatment of Tumours of the Abdomen. Part I. Hysterectomy for Fibrous Tumours of the Uterus. (Edinburgh: Oliver and Boyd.) (Simpkin. 3s. 6d.)
- Kelly's Directory of Chemists and Druggists of England, Scotland, and Wales.** 5th edition. (Kelly. 20s.)
- Kitchen (J. M. W., M. D.).** The Diaphragm and its Functions, considered specially in its Relations to Respiration and the Production of Voice. (Albany. 6s.)
- Legg (J. Wickham).** A Guide to the Examination of the Urine, designed chiefly for the Use of Clinical Clerks and Students. 6th edition. (Lewis. 2s. 6d.)
- Mitchell (S. W., M.D.).** Lectures on Diseases of the Nervous System, Especially in Women. (Philadelphia. 9s.)
- Pinard (A.).** Treatise on Abdominal Palpation, as Applied to Obstetrics and Version by External Manipulations. Translated by L. E. Neale. (New York. 6s. 6d.)
- Power (H.).** Elements of Human Physiology. 2nd and enlarged edition. (Cassell. 7s. 6d.)
- Roberts (R. L.).** Illustrated Lectures on Ambulance Work. (Lewis. 2s. 6d.)
- Roose (R.).** Gout and its Relations to Diseases of the Liver and Kidneys. (Lewis. 3s. 6d.)
- Schafer (E. A.).** The Essentials of Histology, Descriptive and Practical, for the Use of Students. (Longmans. 6s.)
- Smith (A.).** Ringworm: Its Diagnosis and Treatment. 3rd edition, revised, and in part re-written. With Illustrations. (Lewis. 5s. 6d.)
- Squire (Balmanus).** A Manual of Diseases of the Skin. 2nd, smaller edition. (Churchill. 1s.)
- Woodhead (G. S.) and Hare (A. W.).** Pathological Mycology: An Enquiry into the Etiology of Infective Diseases. Section I., Methods. With 60 Illustrations. (Pentland, Edinburgh.) (Longmans. 8s. 6d.)

* * To be continued Monthly.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct and return to the Editor as early as possible.

DR. T. SIMPSON, of Glasgow, has removed from his old address to No. 2, Woodside Place. Telephone No. 4. Dr. SIMPSON is thanked for his interesting communication, which, however, arrived too late for insertion this month.

MR. W. M. BELL, of Thor, is thanked for his letter and kind advice.* He may rely upon it that we shall use the best of our judgment as to the material most suitable for our pages and most useful for the majority of our readers.

The letter of A. HOMœOPATHIC DISCIPLE, Glasgow, owing to faulty direction, arrived too late for insertion. It is to the same purport as that of Dr. Lade.

AN APPEAL.—Too late for present issue. Will be inserted next month.

BOOKS AND JOURNALS RECEIVED.

Nomenclature of Diseases.—The Causes and Prevention of Blindness. By Dr. Fuchs, translated by Dr. Dudgeon.—Decline of Manhood. By Dr. Small.—The Abdominal Brain. By Dr. Leila G. Bedell.—Malvern as a Health Resort. By Dr. Walter Johnson.—Monthly Homœopathic Review.—Dublin Journal of Medical Science.—Zoophilist.—Chemist and Druggist.—New York Medical Times.—United States Medical Investigator.—Clinique.—Homœopathic Monthly.—Medical Advance.—St. Louis Periscope.—Medical Advocate.—Medical Visitor.—American Homœopathic Journal of Gynaecology and Obstetrics.—California Homœopath.—Medical Era.—Albany Medical Annals.—Bibliothèque Homœopathique.—Revue Homœopathique Belge.—Revista Homœopatica Catalana.—Revista Argentina de Ciencias Medicas.—Allgemeine Homœopathische Zeitung.—Homœopatische Monatsblätter.

CORRESPONDENTS.

Communications received from Dr. Ussher, Wandsworth; Dr. Niesche, Adelaide; Dr. Roth, London; Dr. Lade, Glasgow; Dr. Dudgeon, London; Mr. Norman, Bath; Dr. A. H. Croucher, London; Dr. Simpson, Glasgow.—Mr. W. M. Bell, Thor, Birchington, Thanet; Mr. A. Campbell, Glasgow; Dr. E. M. Madden, Birmingham; Dr. Reed, Walworth; Dr. John D. Hayward, Liverpool.

THE
HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1885.

THE RISING TIDE.

THE proposal to hold the next International Medical Congress at Washington has fallen through; and the cause of the collapse is the growing power of homœopathy. A deputation from the American Medical Association attended the Copenhagen meeting in 1884, and invited the Congress to assemble at Washington in 1887. The invitation was accepted; a committee of American physicians present at the Copenhagen meeting was appointed to make the necessary arrangements, having full power to add to their number. They chose twenty-eight of the most eminent men among their colleagues they could find. These men were "New Codists." Our readers are already well acquainted with the quarrel about the Old and New Codes. Since the Copenhagen meeting this quarrel has become most acute. The Old Code seeks to bind the consciences of the members of the Association, forbidding them to do acts of mercy to patients who are given to homœopathy, or to give any assistance to practitioners who use the system of Hahnemann. Against this the more enlightened and intelligent spirits have rebelled. But the Pharisee element is strong in the American Medical Association, and the appointment of New Codists to the committee of management of the coming Congress, and posts of honour in its various Sections, proved too much for its self-righteous soul to bear. The American Medical Association is the analogue of the British Medical Association in this country; but it differs in one respect. Whilst the British Association comprises a large majority of all the medical

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men in Great Britain, the sister Association in America numbers only three thousand out of forty thousand. The American Medical Association met this year at Washington, and there made an exhibition of itself humiliating to the whole profession. The Old Codists, smitten by the committee's selections on their most vital point—belief in their own righteousness and their right to condemn everybody who will not repeat their shibboleths—and writhing under the sense that their powers are being taken from them, rose to one mighty effort of self-assertion—and wrecked the Congress ! They refused to sanction the committee's work ; they cut off the names added to those of the original committee ; they altered all the appointments, putting Old Codist nobodies into the places of men whose work is known to all the medical world. The consequence was that the latter, having some self-respect, refused to have anything to do with a Congress under such government. It was plain that the medical profession of other nations could not accept an invitation in which the whole of American medical men did not unite ; and so the Congress was wrecked.

Whilst we cannot but regret that such an exhibition of rampant and victorious pharisaism should have been possible in the land of free institutions, the lamentable occurrence is not a cause for unmixed regret. It is true that a like exhibition would not be possible in this country, not because pharisaism is less strong here than in America, but because it is infinitely stronger. The conduct of the American Medical Association is disgusting ; but the disease of pharisaism, from which the whole medical profession is suffering, is a disgusting one ; and if America is the country in which it has first come to a crisis, that is a sign that the profession in America is less fatally affected than elsewhere. Would it were possible in this country to find twenty-eight men in the forefront of the profession who were of opinion that all duly qualified men should meet on even terms in spite of differences in therapeutic creed ! The demon of pharisaism is being cast out of the American medical profession, and there is little wonder if in its last efforts to keep

the mastery, the body it has so long controlled should be thrown into hideous contortions.

Again, for us homeopaths the whole affair bears an especially hopeful aspect. There is no doubt that the question of the Codes has wrecked the Congress; and the question of the Codes is, in point of fact, homeopathy. Homeopathy cannot be ignored by the profession any longer. There are State institutions—colleges, hospitals, asylums—under the control of homeopathic physicians; remedies which homeopaths have brought into use are in the hands of the whole profession, and the “orthodox” text-books of therapeutics are full of them. In social status homeopathic physicians are on a level with the first of the allopathic ranks. The proportion of homeopathic to allopathic practitioners is increasing every day. In the face of all these considerations, it is not surprising that the most generous and most sagacious of the American practitioners should, like Canute, elect to retire before the rising tide, though Old Codist Mrs. Partingtons should still continue to vigorously flourish their mops. But the tide will continue to rise in spite of the mops; and no future International Medical Congress can be held in America that does not distinctly recognise homeopathy. Imagine a Congress invited to a country in which one-third of the medical practitioners are not allowed to join, and that third one possessing power and influence out of proportion to its numbers, with a large number of State-institutions in its hands! What a compliment it would be to the nation which is its host if the Congress were to pharisaically ignore this section of the profession which the nation recognises, and these institutions which it supports! No self-respecting nation would endure such a slight; and no self-respecting profession would offer it.

The tide is rising. There is nothing to arrest its course. The sand-built castles of ignorance and conceit are doomed to be swept away.

DR. LAUDER BRUNTON ON HOMOEOPATHY.

THE remarks we made in our last issue on the difficulty we encounter in our endeavours to make people understand what homœopathy really is, receives striking confirmation in the recently published work of Dr. LAUDER BRUNTON (*A Text-book of Pharmacology, Therapeutics, and Materia Medica*). In a notice of that work in the *British Medical Journal* the intelligent reviewer observed that Dr. BRUNTON "makes some trite and amusing remarks on homœopathy." Curious to know how anything could be at once trite and amusing, we turned to the volume to see how the feat had been accomplished. Our surprise was great to find that the remarks were neither the one nor the other. On the contrary, they bear evidence of an honest desire to understand what homœopathy is and to explain it. They further show a respect for the system which it is rare to find in allopathic works, and an admission, also rare, of the fact that infinitesimal dosage has nothing to do with the principle of *similia similibus curentur*. In spite of his honest intentions, however, Dr. BRUNTON has completely failed to grasp the meaning of the word homœopathy; but his failure is not of the dis-honourable kind, and we will endeavour to treat him as a worthy antagonist and show where he goes astray.

Dr. BRUNTON's great fault is his omission to take any account of disease in studying the action of medicines. As a pharmacologist of the new school, and the leader of the school, he seeks to find out the physiological actions of drugs. He wants to know what "centres" a drug acts on, and what tissues, and whether it "stimulates" or "depresses;" and he imagines that when he knows this he will know all about a drug. Apart from the fact that his centres are the vaguest of entities—almost as definite in meaning as the algebraical sign " x "—and that "stimulation" and "depression" represent unknown quantities, and that therefore his results must in any case be extremely problematical, Dr. BRUNTON fails to consider one point which is essential to any rational view of the action of drugs. When Dr. BRUNTON comes to the conclusion that a certain drug "stimulates" a certain

"centre" he is content. He thinks it must always do that under all conditions. He does not stop to ask himself whether the drug will do the same if the "centre" is diseased as it does when there is no disease present. Naturally, then, he blunders in the very first sentence of his observations on our system. He says: "The opposite action of large and small doses seems to be the basis of truth on which the doctrine of homœopathy is founded."

Perhaps there is some excuse for Dr. BRUNTON in making this mistake, as members of our own school have been known to advance a somewhat similar theory. Here the disease is left entirely out of account. It is the opposite action of drugs in health and disease which is the basis of homœopathy; of the opposite action of different sized doses we know nothing, for the simple reason that in dosage "large" and "small" have no definite meaning. What is a large dose for one person, another could take without the smallest effect. And therefore, also, Dr. BRUNTON is wrong when he speaks of the "irrational practice of giving infinitesimal doses." Before he can brand it as "irrational" he must demonstrate to us what the "ratio" of doses is. This he attempts to do in another part of the book; but to any one who learns the practice of medicine at the bedside and not in a laboratory his explanation is ludicrously deficient. To return to our text:—

"The irrational practice of giving infinitesimal doses has of course nothing to do with the principle of homœopathy—*similia similibus curantur*; the only requisite is that mentioned by Hippocrates, when he recommended mandrake for mania—viz., that the dose be smaller than would be sufficient to produce in a healthy man symptoms similar to those of the disease."

In this passage, in spite of the inaccuracy to which we have alluded, and another which we pass by, Dr. BRUNTON shows himself at once more candid and more intelligent than the vast majority of our critics. And here he was nearly coming upon the true explanation of what homœopathy is, for the question of disease came for a moment under consideration. But it was only for a moment, for Dr. BRUNTON immediately goes off to consider single symptoms. Homœo-

pathists do not treat symptoms, they treat diseased persons. To reach disease they take the symptoms of the individual for their guide; but that is a very different thing from treating symptoms. The "pharmacological" mind, on the contrary, seems unable to get beyond isolated symptoms. It pays as much attention to the pulse as the Chinese doctor, only in a different way.

"Large doses of *Digitalis* render the pulse extremely rapid," says Dr. BRUNTON, "but moderate ones slow it. The moderate administration, when there is a rapid pulse, is sometimes beneficial; this might be called *homeopathic* treatment, inasmuch as the dose administered is smaller than that which would make the pulse rapid in a healthy man, but it might also be called *antipathic*, inasmuch as the same dose administered to a healthy person would also slow the pulse."

Here Dr. BRUNTON is completely lost. Homœopathists do not seek to slow a rapid pulse apart from mending a patient's condition. This, we are aware, is the fashionable practice of the day amongst those who think themselves "rational." To knock down temperature with ice or an anti-pyretic; to quell pain with an opiate; to slow a rapid pulse with a drug in massive doses,—these are all highly respectable methods of treatment—but they are not homœopathic, or in accordance with the ideas of cure entertained by homœopathists; and Dr. BRUNTON is mistaken in supposing that a drug given in sickness to produce a certain effect in such a dose as would produce the same effect in a healthy person is homœopathy. But Dr. BRUNTON ought to know that a rapid pulse or a slow pulse is nothing in itself; it is only when taken in connection with other symptoms of a patient that it is of any significance. When the other symptoms correspond with those which *Digitalis* is capable of producing, the pulse, whether too rapid or too slow, will become more natural under the influence of the drug in doses that would not affect the pulse at all in a healthy person.

Here is Dr. BRUNTON's conclusion of the whole matter:—

"Homœopathy can therefore not be looked upon as an universal rule of practice, and the adoption of any such empirical rule must certainly do harm by leading those who believe in it to rest content

in ignorance instead of seeking after a system of rational therapeutics."

If we accepted Dr. BRUNTON's account as the true one we should condemn homœopathy in much more unmeasured terms than he does here. But as he is all at sea in his premises we cannot look for much of value to come out of his "therefore." We do not look upon homœopathy as an "universal rule of practice"; there are many cases in which the use of drugs is inapplicable and where other measures must be adopted; and there are some drugs we use whose homœopathicity to the conditions in which we use them has not been demonstrated. At the same time, in the sphere of drug-giving, if the rule is not of universal applicability, it is very nearly so, and for all practical purposes may be so regarded. Whether or not the adoption of it leads the practitioner to "rest content in ignorance" is not the question; the question is, does it lead to the cure of patients? Turning over Dr. BRUNTON's ponderous tome we do not find that for all his "seeking after a system of rational therapeutics" he has a single practical deduction to make that can be of the slightest use to any patient. If Dr. BRUNTON means, as we gather he does, that we are content not to know the action of drugs on the muscles, nerves, hearts—excised or *in situ*—of pigs, cats, rabbits, and dogs, he is quite correct. Any one who wishes to know all this will find it in his volume; but they will not find any practical deductions therefrom as to how to cure patients. We are just as anxious to have a rational explanation of the phenomena of drug-action as is Dr. BRUNTON himself; but so long as the difference between dead and living protoplasm remains a mystery we do not think we shall gain anything by ignoring the symptoms a drug produces, and taking instead their problematical actions on hypothetical "centres" of unfortunate animals cut up scientifically into little bits. Symptoms are definite things; explanations of symptoms are not at all definite. The only rational therapeutics we know of is that which takes into account the actions of different agents on the human organism in health and in disease—the New

THERAPEUTICS OF HAHNEMANN. Of all the irrational therapeutics that have ever been brought before a much deluded, much suffering public since Medicine came into existence, the scientific-looking system—which is after all only the “seeking after a system”—which Dr. BRUNTON is trying to build up out of experiments on mutilated animals is the one most fatally opposed to reason and sound knowledge.

NOTES.

THE NORWICH CONGRESS.

IN another part of our issue we print a programme of the proceedings of the Congress to be held at Norwich on the 25th inst., and we have no doubt that it will prove very attractive. In our note of last month calling attention to the Congress we made an error for which we apologise, and which we now seek to rectify. Through misconception of intelligence indirectly conveyed to us we stated that the Drs. Roche had invited the members who should be present to luncheon *and dinner*. We should have said “to luncheon.” It is plain that the Congress could not have permitted its hosts to have borne the whole of the expenses. As will be seen from Dr. E. B. Roche’s letter, which we publish in the present issue, he is desirous of receiving early intimation of the numbers who intend to avail themselves of the trip to the Broads, in order that sufficient provision may be made.

A COMPUTATION.

IT is said that there are at present between thirteen and fourteen thousand qualified practitioners practising homœopathy in the United States of America ; and it is calculated that if the proportion of homœopathic to allopathic practitioners should increase in the same ratio during the next twenty years as it has in the last, homœopathists will then be in the majority. The allopathists will then no doubt all turn homœopathists in a body, to escape the unpardonable sin of being “a sect.”

HOMOEOPATHY IN TASMANIA.

THERE is a very fine practice going a-begging in Launceston, Tasmania. Dr. Samuel Brown, who was some time ago compelled to leave Chester on account of his health, settled in Launceston, where he succeeded in making a very fine practice in a short space of time. His health was much better for the change; but latterly it became worse, and now he has been compelled to leave Launceston for a drier climate. This he has found at Brisbane, where we are delighted to hear that Dr. Brown has every prospect of regaining his health and establishing himself in good practice,—about which he has set himself with characteristic pluck. But Dr. Brown is distressed that the practice he got together at Launceston should be allowed to go to waste, as it must do if no one steps into it. Any homœopathist of ability, Dr. Brown states, could at once secure something more than a good livelihood. We shall be happy to supply all particulars to any one who would entertain the idea of going out.

HOMOEOPATHY IN CHINA.

WE publish elsewhere an interesting account of what homœopathy is doing in China, taken from a Shanghai paper kindly forwarded to us by a China missionary at present in this country, himself an enthusiast in the homœopathic art, and an amateur practitioner of no little proficiency. From the information he has supplied to us we learn that China offers a great field and a fair one for practitioners of our system. The results obtained in cholera, dysentery, and diarrhoea are so striking that the homœopathist speedily distances his rivals in public favour. As will be seen from the extract referred to, Dr. Barchet, of Ningpo, has had great success, and Shanghai offers great inducements to any one who might be inclined to settle there. In the old countries the obstacles offered by prejudice are so great that the greatest scope for efforts to reform medicine is to be found in colonies and countries to which allopathy and homœopathy are alike new. There are signs that the emancipation of the medical intellect will be brought about in this country chiefly through outside agency.

A CHINESE PHARMACOLOGIST.

ACCORDING to the latest teachings of the scientific school, the way to find out how to cure people with drugs is by the new science of Pharmacology; and according to them, pharmacology is chiefly, if not entirely, built up of experiments on animals. In this they are (doubtless without knowing it) "on the side of" the "Celestials." The native Chinese practitioners are pharmacologists in this sense, and their practical conclusions are about on a par with those of their Western colleagues. We are indebted to the Rev. Mr. Swallow, the missionary to whom we have referred, for the following. A native practitioner was treating a case of eczema of the back of the hand, and he applied *nux-vomica* plaster. The Chinese pathology is simple; all diseases are divided into two classes, "cold" and "hot." Eczema is a "hot" disease—plainly. Medicines are also divided into "cold" and "hot." The practitioner in question explained, when asked, that *Nux Vomica* was a "cold" medicine, and that was why he applied it. When asked how he knew it was a "cold" medicine he replied, "Oh, because when you give it to a dog, it shaketh and shivers to death!"

THE BRITISH MEDICAL ASSOCIATION AND HOMEOPATHY.

ACCORDING to the *Medical Times* (August 1st) the chief *raison d'être* of the British Medical Association is its *Journal*, and this is undoubtedly the fact. Were the *Journal* to cease, or to be purchasable on the same terms by members and non-members alike, the Association would soon languish into insignificance. Such being the case, it is not desirable to pay too much attention to the sayings and doings of this loosely held body, as if it had any high or great purpose at its heart. We may, however, bestow a passing smile on the weakly opportunist policy of the Association as regards homeopathy. The Mother Council and the Branches are evidently very sorry they cannot, for many reasons, turn homeopaths out, but come to the sensible conclusion that since they can't, they won't. At the same time they show the liberality of their sentiments by deciding to black-ball all such who apply for membership. As the *Medical Press* (August 5th) remarks, this method of dealing with the subject indicates "great want of nerve power in the Council;" and this journal wants a rule passed that will "for ever set

the matter at rest." When that rule is passed it will not be of the kind the *Medical Press* desires.

THE "TOLERANT SPIRIT" OF THE BRITISH MEDICAL ASSOCIATION.

It is not a little amusing to see the *Medical Times* (August 1st) claiming this "want of nerve power" as a sign of a tolerant spirit. It is not the first time that weakness has been mistaken for tolerance by the individual who puts up with what he cannot put an end to. But when this journal goes on to draw a comparison between the moral deadness of the British Medical Association and the pharisaism of the sister Association in America in its death throes, and to give its unctuous approval to the former, this is not amusing, it is despicable. Says the Pecksniffian *Medical Times* :—

"An Association, again, which can tolerate homœopaths upon its roll contrasts very favourably, in respect of discretion and liberal feeling, with one which, like the American Association, ostracises regular practitioners simply for claiming the individual liberty of holding consultation with whom they please."

There are degrees even in hypocrisy, and for our part we prefer that of the American Association. We believe them to be sincere in their self-righteousness. It is impossible to believe the writer of the passage we have just quoted to be sincere. The "discreet toleration" of homœopaths and those who consult with them by the British Medical Association is to us an infinitely more contemptible thing than the out-and-out opposition of the American Association, which will wreck an International Congress rather than allow that the darkness within it is not light.

SANITARY ASSURANCE ASSOCIATION.

THE carelessness and recklessness of plumbers and builders appear to have increased *pari passu* with the complications of modern civilisation. In the days when there was no question of drain ventilation, all drains being open sewers, sewer-gas was not the dreaded spectre that it now is, haunting every room in our houses, making its particular abode in our water-cisterns, and every little while starting up before us with a demand for our money or our life. The Sanitary Assurance Association has been established to defend us against this lurking foe. On the payment of a

fee of one guinea, a house rated at twenty pounds or under will be inspected and reported on, and the householder may have the satisfaction of knowing just how hopelessly bad all his drainage arrangements are. For another half-guinea he can have the work of repairing his drains (which is sure to be needed) effectually supervised. This is most necessary; for builders and plumbers are the most persuasive of men when dealing with an innocent householder. For an additional half-guinea the assured may have the rectified drainage annually inspected, and for yet another half-guinea a block plan showing the drains will be provided. For more highly-rated houses higher fees are charged. The fees are most moderate; and all householders who are not experts in sanitary science would do well to assure themselves. The chief office of the Association is 5, Argyle Place, Regent Street, W.

ORIGINAL COMMUNICATIONS.

BATH AND ITS WATERS.—THERAPEUTICS.

By GEORGE NORMAN, M.R.C.S., Eng.

BEFORE entering on the subject of the therapeutics of these waters, I make no apology for again quoting from the paper by the late Dr. Madden already referred to. He asks: "Can we as homœopaths prescribe a course of mineral waters?" and his answer is "That while for a large number . . . simple homœopathic treatment will do all that is required, and while beyond these a class will exist wherein hydropathic appliances will be found a most useful adjunct to the homœopathic remedy, there will yet remain a margin for whose cure, *tuto, cito, et jucunde*, a well-selected mineral water will afford the greatest desideratum."

THERAPEUTICS.

Dealing with this subject from the standpoint of the official "Nomenclature of Diseases" we find *Rheumatism* to be the first amongst the list of general diseases with which we have to deal.

From the earliest times these waters have been recognised as beneficial in rheumatism, and this disease in its varied

forms still supplies a large contingent of patients to Bath. In acute and subacute rheumatism, after the subsidence of the feverish symptoms the use of the tepid waters is grateful to the patient, and prevents the disease becoming chronic. But it is of course the chronic form that is most frequently sent to Bath for treatment, and here experience proves that relief seldom fails to be given, and frequently a good recovery to be made, after the unsuccessful trial of many other remedies. The use of either the reclining or the deep bath three or four times a week, with the daily drinking of the water for a period of a month or six weeks, will generally give a satisfactory result.

In muscular rheumatism, especially when affecting certain groups of muscles, local douching with the dry douche often gives rapid relief.

Syphilitic and gonorrhœal rheumatism can also be treated by the deep baths with or without the wet douche, according to whether any particular joints are affected or not.

Chronic Osteo-arthritis, or rheumatic gout, as it is commonly called, being a very intractable malady to deal with, is often sent to Bath for the mineral-water treatment.

Whether arising *per se*, or whether associated with and in some cases the sequel of chronic rheumatism, this disease may be very much relieved, and if taken early enough, even cured, by a continued use of the waters.

It is, however, important that these cases be sent for treatment in the early stage, and not left, as is often the case, till there is almost entire immobility of the joints. Considerable relief may be given, even under these circumstances; but when the disease has existed for a great length of time, and the joints are becoming disorganised and constitutional disturbance set up, there is little hope of either relief or cure. These cases are usually treated by the deep or reclining bath, with the addition of the douche occasionally to those joints which are most affected. In cases where only one or two large joints are implicated the dry douche is sometimes useful, taken on alternate days with the deep bath.

Gout.—The acute form is not often seen in Bath, but chronic gout, whether characterised by commencing deposits in the joints of the hands and feet, or by pains of a wandering nature with tendency to gouty congestion of internal organs, is quite amenable to this treatment.

An occasional effect of the waters in these cases is to bring on a fit of the gout, and frequently there is an aggravation

of the symptoms at the commencement of the treatment, but this is soon followed by permanent relief, or at all events by a general amelioration of the condition of the patient. As, however, has been mentioned in the previous case, when deposits and morbid changes in the joints have gone beyond a certain stage no mineral water of any kind will be of service. When from long-standing gout the blood is deteriorated in quality, and there is consequent weakness of heart and brain, the result of impaired nutrition, the waters must be used with great caution. The course of treatment is very much the same as in chronic rheumatism; the crane and chair bath is invaluable when the movements of the patient are much hindered by the crippled state of the limbs.

Scrofula, Anæmia, and Chlorosis.—The good effect of these waters in the manifestations of scrofula, such as enlarged glands, especially when associated with anæmia, is undoubtedly, and this is only what might be expected from a glance at their composition. The decided benefit derived from the waters in anæmia very much puzzled one of the old writers of the last century, Dr. Cheyne. He says, "That there must be a larger proportion of steel in the Bath waters than is manifested to the senses, or discovered by any experiment hitherto made, is evident from their healing effects, which no-known medicine but steel can bring about or account for."

In the case of young patients, one cannot do better than let them follow Dr. Bayes's advice and take out their course of bathing at the swimming-bath, where free movement of the limbs can be indulged in.

Diseases of the Nervous System.—According to Tunstall the waters are very beneficial in cases of brain-fag, with its accompanying prostration of nervous and muscular energy, weak and irregular pulse, severe dyspepsia, and irregularity of hepatic and renal secretions. He had seen patients cured who had tried numerous hydropathic establishments at home and abroad without benefit.

In *Hemiplegia* where the brain has been involved, and in *paraplegia* from spinal lesion, the waters cannot be said to afford a great deal of relief. In both cases a considerable time must have elapsed, and the original lesion become quiescent, before any attempt is made, and then attention must be given to the state of the muscles, and endeavour made to improve their tone, using electricity and massage in combination with the waters in obstinate cases.

Local Palsies, the result of cold or mineral poisons, especially

lead, or of over-taxation of certain groups of muscles, also chorea when associated with rheumatism, are very successfully treated by these waters. The deep baths, with free drinking of the water, is here indicated, and the treatment requires to be continued for a longer period than in other cases. Suitable gymnastics to exercise the special set of muscles that may be affected are useful as auxiliary treatment.

Hysteria in its protean forms may frequently be benefited by this treatment, which, however, must be begun very cautiously, and advances made by degrees from the use of the water at home to the drinking of the water daily at the pump-room, and finally to the taking of the baths at the bath establishment.

In *Neuralgia*, especially *Sciatica*, the dry douche is sometimes curative after only two or three applications. The douche is commenced at a temperature of 98°, and taken for five or ten minutes, the temperature being gradually increased to 108°, 110°, or higher, as it can be borne. Dr. Bayes suggests that the chloride of magnesium in the waters is probably a beneficial element in cases of failure of nerve force, instancing the spring of Rigoledo near Lake Como, which contains only magnesia in minute proportion, and yet has a great reputation for the cure of paralysis, especially paraplegia.

The Bath waters are not much used in the treatment of *Diseases of the Respiratory System*. Dr. Bayes found them of service in chronic bronchitis characterised by profuse expectoration of a muco-purulent character.

Dr. Meyhoffer says: "It does not appear that the mineral waters of Bath have been much used in bronchial affections; physiological inductions point them out, nevertheless, as likely to be useful in diseases of the air-tubes connected with a gouty or rheumatic diathesis. The inhalation of the vapours alone might prove an excellent auxiliary in the treatment of dry catarrh." Probably, for the full benefit of the waters to be obtained in these cases, it is necessary that inhalation should be systematically practised, not only by the mere breathing of the escaping gases, but also of the pulverised water, such as is used at many of the French and German watering-places. At present Bath possesses no accommodation for this purpose, but it will probably be soon supplied with the suitable apparatus, as the Baths Committee are fully alive to the want.

Diseases of the Digestive System.—In *Atonic* and *Chronic Dyspepsia* characterised by sallow complexion, loss of appetite, bad taste in mouth, feeling of weight at epigastrium, constipation or diarrhoea, cold hands and feet, and depression of spirits, the waters are very beneficial. The internal use of the water is generally sufficient, with an occasional bath. When constipation is troublesome the lavement may be occasionally used. In *Acid and Gouty Dyspepsia*, with its accompanying lithiasis, the treatment would follow generally the lines already mentioned under the head of "Gout."

Diseases of the Female Organs of Generation.—In *Amenorrhœa* even of long standing the internal and external use of the waters effectually restores the interrupted function, and improves the condition generally; in obstinate cases recourse may be had to the ascending douche, which is also useful in simple cases of *leucorrhœa*. Formerly the waters had a great reputation in cases of sterility, and it was also a frequent custom for women recovering from their accouchements to take a short course of the waters for the restoration of their strength.

Diseases of the Organs of Locomotion.—Loss of muscular power with stiffness of the limbs and rigidity of the joints following after injuries, fractures, dislocations, etc., and contraction of the limbs sometimes following severe attacks of fever, are generally benefited by the baths and douches, with the internal use of the waters when there is much debility and retarded convalescence after prolonged illness. Braun considers that these waters would be very useful for the consequences of gunshot fractures by increasing tissue change, and so improving the nutrition of the diseased part. On this account the general condition of the patient may be improved in chronic cases of disease in bones or joints, such as caries, necrosis, and chronic inflammation. Dr. Weber wonders that a military sanatorium for rheumatic and gouty complaints, and the effects of wounds and accidents in soldiers, has not been established at Bath.

Diseases of the Cutaneous System.—Speaking generally, skin diseases characterised by dryness are benefited by the water, especially psoriasis and its congeners, but those of a moist nature do not benefit to any great extent, and in the case of eczema with much loss of cuticular surface they are contra-indicated. It may be here noted that the legendary history of Bath commences with the cure of Prince Bladud of a dry skin disease.

Contra-indications.—In no case where epileptic fits have occurred should the waters be used, as the liability to their return is thus increased. In cases of plethora with decided determination of blood to the head the waters must be used with very great caution, and given up at once if they cause a feeling of increased fulness of the head, with much giddiness and flushing of the face. In cases where there is paralysis of the sphincters no good can be obtained from the use of the waters. In advanced cases of heart disease and in haemorrhages they must not be used under any circumstances.

LONDON HOMœOPATHIC HOSPITAL.—A CASE OF TONIC SPASM OF THE MUSCLES OF THE FORE-ARM CURED BY GELSEMIUM.

Reported by A. H. CROUCHER, M.B., C.M., Resident Medical Officer.
(By permission of Dr. MACKECHNIE, late Senior Physician.)

THE following are the notes of a case of a girl who was admitted to the Hospital under the care of Dr. Mackenzie. *Gelsemium* was given because Dr. Galley Blackley had shown the value of the drug in spasm of the muscles of the arm in connection with professional neuroses in the interesting paper he read before the British Homœopathic Society in June last.

Lizzie G., s^t. sixteen, an inmate of a reformatory school at Blackheath, was admitted on June 15th, 1885, with the following history.

A fortnight ago patient was engaged in wringing blankets when she sprained her left thumb. Dr. Cronin attended to it, and she got on very well till yesterday, when she was suddenly seized with severe pain in the left hand and arm of a crampy character, with inability to use the arm or hand, and this was her complaint when admitted. Before admission she was treated with hot fomentations. The patient stutters when she speaks, and appears to belong to the neurotic type of temperament. There is no family history of importance. The catamenia are regular, and the present attack has no apparent relation to menstruation. The patient has never had an attack of like nature before.

Present condition of hand and arm.—The fingers of the affected hand are semiflexed, and the flexor tendons stand out prominently on the anterior aspect of the wrist, the

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thumb is partially extended and abducted, and the tendons of the *extensor ossis metacarpi pollicis*, and *extensor primi internodi pollicis* are plainly visible; the muscles of the fore-arm seem to be firmly contracted, and are in a state of continuous spasm. The fingers cannot be extended, and any attempt to extend them forcibly causes great pain. The arm at the elbow-joint is almost fully extended, and the patient can neither flex nor extend the arm at that joint. The pain is severe, going right up the arm.

The temperature on admission was normal, and remained so throughout; and with the exception of the pain in the arm, patient seemed fairly well.

June 15th.—*Gelsemium* 1x, gtt. ii. every two hours, was prescribed.

June 16th.—The hand and arm are less stiff and movement is free at the elbow-joint; there is much less pain. *Gelsemium* 4, gtt. ss. two hours, was now ordered.

June 17th.—Movement of hand and arm almost perfect; no pain.

June 18th.—Movement is perfect in both hand and arm. *Gelsemium* 1x, gtt. i. thrice daily, was now given, and patient was discharged on June 24th quite cured.

CASES FROM PRACTICE.

By THOMAS SIMPSON, M.D.

THE general practitioner is often called to deal with diseased conditions which, by reason of their sudden accession and rapid progress, demand immediate and decided action on his part; otherwise serious or even fatal issues may take place. It is obviously of paramount importance on such occasions that no step should be taken that may require to be subsequently retraced, and no medicinal agent administered that might better have been omitted or substituted by another. In other words, the physician's mind should be free from any doubt or misgiving concerning the adaptation of his expedients to the emergency, whatever that may be. In moments of deep solicitude how often have perplexity and uncertainty paralysed effort and threatened us with failure, as in uterine haemorrhage, apoplexy, croup, convulsions, and suchlike sudden and grave emergencies! Unfortunately for the majority of suffering humanity, such different and opposite opinions prevail among different

physicians that they seek in vain some solid ground on which to rest. It is, however, highly gratifying to see the immense improvement which has been effected by the substitution of rational expedients for such as formerly were resorted to, and which must have hastened the fatal issue, though by their severity and manifest effects (even when baneful) they seemed to secure the approval of the popular mind. The application of croton oil to the scalp in brain inflammation, or blisters to the chest in lung affections, and iodine to swollen glands, are familiar instances of this cruel system.

“Physiological medicine” is a term now applied by some orthodox physicians to a system of treatment based on the action of drugs upon the healthy body, and though regarded by them as inaugurating a new era in therapeutics, the idea was suggested by Hippocrates centuries ago, and elaborated into a system ninety years ago by Hahnemann, who spent many years of patient and self-denying labour in the investigation and application of the properties of drugs and their relation to diseases; and he has earned the devout gratitude of a noble band of followers, who have confirmed the truth of the law of similars at the bedside in innumerable instances. But in order to succeed it is absolutely essential we should adopt the rules which he laid down in the selection of the remedy. In doing so we almost invariably secure the results we desire to obtain, and these sometimes exceed our sanguine expectations; and here we may be permitted to illustrate briefly a few instances confirming the truth of the above contention.

Case I.—In February last called in haste to see a woman, æt. thirty-three, lying in an exhausted condition from post-partem haemorrhage, with *filiform pulse*, *vomiting*, *cold extremities*, *urgent thirst for quantities of cold drink*, *cramps in calves*, *cold perspiration*. We prescribed *Veratrum Album*, one drop every half-hour of the 12th dil. Diet to consist of raw eggs and Valentine’s essence of beef. These symptoms disappeared in twelve hours, and strength returned in a week, though she had been given up by a former physician as beyond recovery. A similar verdict had been passed on a boy (Case II.), æt. four, who on the fifth day of the eruptive stage of measles had *urgent dyspnœa*, pulse 132, temp. 103°, great *restlessness* and *prostration*. *Arsen.* 30 was given every hour, and hot compresses applied to lungs. Next day temperature and pulse much lower, but a *fanlike*

action of nostrils led to a more careful examination of the lung, which was dull on percussion, indicating, as I believed, lobular pneumonia. *Lycop.* 12 every two hours; six doses given. Amelioration very marked. Omitted medicine twenty-four hours. Prescribed *Sulph.* 30 twice a day to absorb exudation. In ten days he was well, though his sister had died three days before with similar symptoms—squills, liq. amm. acet., and tolu having been freely administered.

Case III.—Patient at five, who had previously suffered from pulmonary congestion, contracted measles. During eruptive stage treated with *Belladonna* with apparent success, but alarming dyspnœa set in on third day. Pulse and temperature and respirations rose rapidly; friends in great alarm summoned me, and I prescribed *Merc.-Sol.* 5 every two hours, because *tongue was thickly coated, breath offensive, and cough racking and continuous.* This medicine alone sufficed to bring about so favourable a change that no further prescription was needed.

These facts may suffice to substantiate the oft-repeated dictum, that by a carefully-selected remedy in the first instance success is almost certain.

Glasgow.

ANNUAL HOMŒOPATHIC CONGRESS.

THE following circular has been issued:—

“ 29, Seymour Street, Portman Square, W.,

“ July, 1885.

“ DEAR SIR,—The Annual Congress of Homœopathic Practitioners will be held this year in Norwich, at the Royal Hotel, on Friday, the 25th September, at 10 a.m. punctually.

“ The business of the Congress will be opened by an address from the president, Dr. Herbert Nankivell, of Bournemouth.

“ After the President’s address, a short interval will allow the Treasurer to receive subscriptions.

“ A paper will then be read by Dr. A. C. Clifton, of Northampton, on *Constipation; its Causes and Effects, and its Medicinal Treatment.*

“ At one o’clock the president will leave the chair for an hour for luncheon.

“ Dr. Roche, sen., and Dr. E. B. Roche, of Norwich, request that the Members of Congress will consider themselves as their guests at luncheon in the hotel.

“ At two o’clock the Congress will receive the Report of the Hahnemann Publishing Society, proceed to select the place of

meeting for 1886, elect officers, and transact any other business which may be necessary. After this, Dr. Galley Blackley, of London, will read a paper entitled *Doctors and Chemists*.

"Discussion will be invited at the end of each paper.

"It is proposed this year to devote the rest of the afternoon to seeing the numerous places of interest in Norwich. Dr. E. B. Roche will make arrangements, as far as time will permit, for a visit to the Cathedral, St. Andrew's Hall, the Raptorial Collection of Birds at the Museum, the Strangers' Hall, the Guildhall, St. Peter's Church, and a walk round the Castle Hill. Should any members, or a sufficient number, be able to remain over Saturday, Dr. E. B. Roche will arrange for a steam launch for a sail on the Norfolk Broads, returning in time for the evening trains.

"The members will dine together at the Royal Hotel, at seven o'clock. This hour, if found to be too late for certain trains, can be made a little earlier, but, as the only evening trains to London are at 6.45 and 10.10, the hour named seems at present to be the best.

"The subscription for this year, owing to the amount of funds in the hands of the hon. treasurer, will be only 7s. 6d.

"A meeting of the Hahnemann Publishing Society will be held on the morning of the 25th September, at 9.15 a.m.

"If you know of any colleague who has not received a circular, kindly let me know.

"Dr. E. B. Roche, Surrey Street, Norwich, is the local Secretary, and he will be happy to arrange for beds at the hotel if members will communicate with him in good time.

"I am, dear Sir, yours faithfully,

"D. DIXON BROWN, Hon. Secretary."

DIFFERENTIAL DIAGNOSIS OF SIMPLE AND TUBERCULOUS MENINGITIS.—In an analysis of a number of cases of meningitis occurring in the Children's Hospital at Stockholm, Dr. O. Medin endeavours to formulate the points of difference in the tuberculous and simple forms of the disease. Tuberculous meningitis attacks only those children already suffering from tuberculosis of other parts, while simple acute meningitis occurs usually in previously healthy individuals. The former manifests its onset by convulsions, frequently strabismus, and dilatation or contraction of the pupils. Vomiting is frequent at the commencement, diarrhoea is the usual condition, and constipation is rare. The abdomen is never flat. The simple form begins with somnolence, twitchings, sudden changes of colour in the face, and hyperæsthesia. More frequently than in the tuberculous form we meet with the hydrocephalic cry and paralysis limited to the arms or to the face. The tuberculous variety is always fatal in its termination. (*Revue Médicale*, May 24th, 1884.)—*Practitioner*.

SPECIAL CORRESPONDENCE.

BIRMINGHAM.

I now resume the history of our hospital at the point at which I left it in your June number.

During the year 1869 Dr. Thomas got leave from the committee to start a special ophthalmic department for out-patients, which continues still to provide an excellent field for the study of these cases and of their homœopathic treatment; and from among those who attend as out-patients Dr. Thomas has been able frequently to select cases for admission into the wards for operations, in regard to which he is satisfied that the homœopathic treatment does infinite good in the way of mitigating or preventing inflammations and effusions following the operations. For the last four or five years the work of this department has been shared by Dr. John Craig.

During the same year (1869) there was held a bazaar, or, as it was called to please our supporters among "The Friends" (and they are many here as elsewhere), a "sale of work," in aid of the hospital. This was managed entirely by a committee of ladies, and, without any balloting or raffling, realised very nearly £1,200, of which £700 was devoted to the building fund for the new hospital, which by this means was raised to £3,300.

During the following year (1870) there was started by some of the lady supporters of our hospital a special committee, who have been since known as the "Wardrobe Committee," and which has proved of the very greatest use both to the hospital itself and to a large number of the poor patients who are or have been its temporary inmates. This committee consists entirely of ladies, who work under the very able management of Miss Martineau, who has been secretary to it ever since its commencement. The funds of this committee are collected by its members, and are not in any way included in the hospital accounts. The members meet at the hospital every fortnight, the meetings being alternately devoted to work—i.e., sewing—and to discussion. As its name implies, the chief object of the committee is to supply the deficiencies, so far as is possible, in the wardrobes of the inmates, and this is carried out in a most generous spirit, so that not only are many necessary garments, such as dressing-gowns, flannel nightgowns, etc., etc., supplied for use in the wards, but the more needy are allowed to keep them.

A recent and most valuable addition to the work of this committee has been the establishment of a "home relief fund" for the supply of cooked meat or milk to such cases as are recommended for the purpose by the medical officers, both from among in-patients who have gone home convalescent and from

the out-patients, many of whom, as every hospital doctor knows only too well, require the cook and the butcher much more than the doctor and the chemist. The ladies on the committee visit at least once in the month the homes of those in receipt of "home relief," which serves the double purpose of carrying their personal sympathy and help to the sufferers, and insuring that there is no imposture or misapplication of the food thus supplied.

Besides these good offices the Wardrobe Committee have, in many cases, obtained or bought tickets for convalescent homes for the use of those in-patients who most need them; and have in many cases provided or got up subscriptions for the supply of artificial limbs or the more expensive surgical appliances which are beyond the means of the patients, whose very need of them prevents their earning the means of purchasing them for themselves.

It is easy to see how inestimably useful such a committee of charitable ladies acting in connection with a hospital, while not asking a single penny of the hospital funds, must be; and not a year has passed since its establishment in 1870 in which the committee of the hospital has not most heartily and gratefully acknowledged its obligation to, and its appreciation of, the Wardrobe Committee.

In 1874 the new hospital was opened in Easy Row, with accommodation for thirty-five patients, besides five small wards in a detached house at the back of the main building, intended for infectious cases. In addition there is a very large and well-arranged out-patients' department, entirely separate from the inhabited portion of the building.

By this time £9,000 had been collected for the new building, but as the site and building were estimated to cost £15,000 it left the committee with a heavy burden of debt on their shoulders; and though this is less than it might have been in consequence of only erecting one half of the façade as originally planned, it is even now very great, and arrangements are in progress for holding a bazaar early next year, in the hope of wiping it off and enabling us at last to start with a favourable balance sheet. But so long as we are obliged to remain in our present half-finished condition we must be content to bear the jeers of unsympathetic observers, who point to our hospital as an example of "the man who started to build without having previously counted the cost."

In this same year, 1874, there was started the Birmingham Medical Institute, in connection with which there was the memorable fight as to the admission of homœopathic medical men, and it was in the discussion over this question that Mr. Oliver Pemberton first started the objection against us on the score of our adopting "a distinctive name"—i.e., of

course "homeopathic" in connection with our hospitals, societies, and practice. This accusation was at once adopted as a good cry by the *Lancet* and other orthodox papers, and has been made the head and front of our offending ever since. It is needless in this journal to point out how our sectarian position has been forced upon us, and that this objection to a distinctive name is a palpable subterfuge, the real objection being now, as it has ever been, the thing which the name homœopathy represents, and the powerful, even when silent, protest which homœopathic practice sets up against the orthodox polypharmacy and crude empiricism.

The result of this struggle was, to the credit of the profession in Birmingham and especially of some of its leading physicians and surgeons, that by a large majority it was decided that we should be admitted to the Institute, which is a very well selected medical library together with a reading room, where nearly all medical periodicals can be seen, though it has not yet gone the length of admitting homœopathic journals;—but we live in hopes of seeing even this innovation one of these days.

Birmingham, 13th August, 1885.

ED. M. MADDEN.

LIVERPOOL.

A MEDICAL friend sends me the following notes for the *Homeopathic World*. He says: "I was called the other day to see a delicate twin about eighteen months old. He was pale and backward, having when much younger suffered from convulsions. He had struggled through these, although on certain days he had had as many as sixteen or eighteen. I found him already very ill with diarrhoea, and considering *Veratrum Alb.* indicated, accordingly mixed some. It did no good, and *Arsenicum* was of no more use, and I was driven to study more closely the symptoms and the Repertory.

"Ever since my attention was drawn to the valuable little work with which Dr. Bell has favoured us, it has been my constant companion during the diarrhoea season, and with its aid a medicine covering the following symptoms was soon found:—Stools—yellow, slimy, watery; gushing stools and vomiting at same time. Vomiting of curdled milk, forcible vomiting. Vomited matter at times rather yellow. Vomiting followed by thirst. The tongue and mouth were becoming white with 'thrush,' and the child was restless, throwing himself about. Feet and skin generally were cold. Child slept with eyes half closed.

"After well considering the claims of *Apis* ('pale waxy face'), for the escape of the contents of the bowels took place much in the same way as they are said to under that drug, and *Apis* patients are not obliged to be thirstless, I gave *Podophyllum* 3. This drug did all that we could wish, and with the help of

Valentine's Meat Juice, and subsequently small doses of Colman's Malt Wine and Liebig's Extract of Meat, my little patient was soon himself again, although none of us would have been surprised had the child died."

The writer cannot but admit that if each practitioner were to report to the editors of the journals all his cases of diarrhoea their lot would scarcely be a happy one; but as the deaths from diarrhoea in Liverpool during 1880 amounted to 1,028, and even during 1883 to 518, he cannot help wondering what the effect on the population would be if this disease alone were treated homoeopathically.

The same practitioner would like to refer to the following method of treating suppurating glands about the neck. "When all hope of preventing suppuration has vanished," he writes, "I have been in the habit for several years of making a small incision, introducing a not too large drainage tube, and covering over it a small cup sponge wrung out of carbolic water 1-30. The discharge is received into the sponge, which can be readily cleansed and replaced. The little wound remains antiseptic, and the scar is in the end almost infinitesimal. Of course the ever useful *Hep.* and *Silic.* are to be given, as either may be called for, and they no doubt contribute their quota to the good result.

"H."

AIX-LES-BAINS.

A CORRESPONDENT writes as follows:—

"We arrived here on Saturday night. The arrangements are splendid in every way, perfect order everywhere; and I have just been enjoying skimming through a book written by Dr. Brachet on Aix waters, dedicated to his medical brethren. The exact title of the book is 'Aix-les-Bains, Medical Treatment and General Indications, by Dr. Brachet. 1884. Henry Renshaw, London.' The place is vastly improved since I was here last, and is thriving wonderfully. We changed our hotel on Tuesday, and have hit upon a capital one (*Hôtel Beau Site*), eminently suited to English tastes and requirements. Besides (which is most important), the proprietor has his drains arranged on the latest English scientific principles, no cesspools, but properly trapped drains and sewers; ventilating pipes above the house, and patent (Jennings's) wash-out closets. The rooms are capital and well ventilated. There is a large terrace in front, with sunblinds and excellent table, and perfect quiet at night. Lastly, it is not five minutes from the baths. I mention all these details as you might be asked to recommend an hotel; charges are moderate too."

FROM ABROAD.

(ABSTRACTS.)

HOMŒOPATHY IN CHINA.

We are glad to learn that China presents an admirable field for the development of the reformed practice of medicine. From an able and most entertaining contemporary, the *Shanghai Temperance Union*, of May last, we quote the following notice of the Ningpo Homœopathic Dispensary:—

"We have received a copy of the first report of the Ningpo Homœopathic Dispensary and Opium Refuge, for the ten months ended December 31st of last year. It is a record of a noble work which has been carried on by Dr. Barchet during the last nine years, the funds of which have been supplied partly from the donations of friends, but chiefly from 'the proceeds of professional services rendered to the community.' The Opium Refuge had unfortunately to be closed in the autumn of 1881, Dr. Barchet having gone home in ill-health in the previous spring; and it was not until last year that it was reopened. Although unfortunately the present unsettled state of the country prevents the Refuge from being taken advantage of to the extent to which it would otherwise be, it is now doing a good work, and the promoters are contemplating the erection of separate wards for female victims to the vicious habit. Before the suspension of the Refuge in 1881, 522 opium smokers had been cured; and from its reopening to the end of last year 41 more came to the Hospital to get cured of the habit and its effects. The dispensary and surgery, too, have been of immense advantage, as many as 7,495 cases of disease being treated, while 313 surgical operations were performed, of which, however, 164 were extractions of teeth. The hospital has proved a valuable adjunct to missionary work, though in one curious case which Dr. Barchet relates, the doctor's skill seems to have had, from a religious point of view, the very opposite result from that intended. 'One noteworthy Chinese lady surmounted many obstacles of custom and prejudice, added to the opposition occasioned by the present war. She had suffered for fifteen years, but on consulting the famous oracle of the Goddess of Mercy, and receiving strong encouragement to try the foreign doctor's skill, she placed herself under our care, staying five months with us. Having improved greatly under treatment, it was hard to shake her faith in the idol, as she reasoned that, if the oracle proved true, the Goddess of Mercy must also be true.'"

REVIEWS OF BOOKS.

CAUSES AND PREVENTION OF BLINDNESS.¹

THIS work, the author tells us, has an eminently practical aim ; and we can sincerely congratulate him on the attainment of his purpose. He commences by giving us a definition of blindness. To some it might seem that there would be no difficulty here—that blindness was in no need of being defined. But, like most other apparently simple things, when looked at closely, the question is more complicated than it appears on the surface. In a scientific sense, the eye which is incapable of perceiving light is blind ; practically, a person whose sight is so defective that it is impossible for him to use it in gaining a livelihood is a blind person. It is from this wider aspect that Dr. Fuchs approaches the subject. He considers not only the conditions which cause absolute blindness in the scientific sense, but all that so damage the sight as to render it of little use in earning a livelihood.

The book is divided into nine parts :—Treating of (1) Eye Diseases of Hereditary Origin ; (2) Eye Diseases of Childhood ; (3) Eye Diseases incident to the Educational Period ; (4) Eye Diseases consequent on General Diseases ; (5) Infectious Eye Diseases ; (6) Influence of the Occupation on Eye Diseases ; (7) Influence of Social Conditions on Eye Diseases ; (8) Influence of Climate and Race on Eye Diseases ; (9) Treatment of Eye Diseases. It will be seen from the recapitulation of these headings that Dr. Fuchs takes a very comprehensive view of his subject, and we may add that he handles it in masterly style.

Chief among the causes of blindness is ophthalmia of the new-born. This is a perfectly curable disease, and it is only due to ignorance or want of skill on the part of nurses or medical attendants that any are blind from this cause. For a full discussion of the best methods of preventing and treating this dangerous disease we must refer our readers to Dr. Fuch's pages.

One of the commonest causes of defective sight is to be found in the strictness of school discipline. Scholars are kept using their eyes without any break for hours together, and this has such an effect on the accommodation that the eyes become short-sighted.

"The arrangement of the instruction should be such as to allow an occasional relaxation of the accommodation. Hence it will be necessary to adhere to the principle already laid down for primary schools, that each lesson should last three-quarters of an hour. In the quarter-hour pause between

¹ *The Causes and Prevention of Blindness.* By Dr. Ernst Fuchs. Prize Essay of the Society for the Prevention of Blindness. Translated by Dr. Dudgeon, with a few Notes by Dr. Roth. London : Baillière, Tindall, and Cox.

two lessons the scholars should leave the room, in order that it may be aired, and amuse themselves according to their fancy in the open air or in a covered locality. Further, care should be taken that two lessons with writing should not come in immediate succession."

Among the poisons which cause blindness tobacco, alcohol, and lead are prominent. The noxious agent in tobacco is the nicotine. The quantity of tobacco that must be smoked in order to produce chronic nicotine poisoning cannot be determined, as much depends on the kind of tobacco, and more on the individuality and age of the smoker. There appears to be some conflict of authorities on this point. The greater susceptibility of the aged to tobacco will be new to some, as it certainly is to us. The most marked case of tobacco amblyopia we have seen occurred in a young man between twenty and thirty.

" Hutchinson is of opinion that persons who take no alcohol are less able to resist the effects of tobacco. I do not know if this has been proved. It is certain that, on the contrary, inordinate abuse of alcohol favours the development of tobacco amblyopia. Young persons bear tobacco better in general than older men. Foerster rightly observes that many smokers after the age of forty must diminish their daily ratio of tobacco if they would avoid sleeplessness, loss of appetite, debility, etc. By far the greater number of cases of tobacco amblyopia are met with in persons beyond forty years of age."

In alcohol amblyopia the presence of fusel oil in the spirit drunk has much to do with the eye affection; consequently, spirit-drinkers are the chief sufferers. In an appendix the translator, Dr. Dudgeon, speaks of the severe eye-affections and consequent defective sight caused by arsenic in the workmen employed in the manufacture of wall-papers, or in hanging them, and in those who inhabit rooms hung with them. He also refers to the practice of instilling *Belladonna* or *Atropine* into their eyes by women who wish to add to their lustre. This may cause permanent injury to the optic nerve. Dr. Fuchs gives Dr. Magnus's graphic table of the causes of blindness; and Dr. Roth has a useful appendix on "Positions while Writing." A "Glossary of Technical Terms" will be extremely valuable to non-medical readers, for whom, as well as for medical men, the work is adapted. Dr. Dudgeon has given us an admirable translation of Dr. Fuchs' treatise. To both of them our thanks are due for the most useful as well as the most interesting book on the subject in our language.

MALVERN AS A HEALTH RESORT.¹

IN a short pamphlet of eighteen pages Dr. Walter Johnson has given a succinct account of one of the greatest of English

¹ *Malvern as a Health Resort.* By Walter Johnson, M.B. *Advertiser Office, Malvern.*

health resorts. Dr. Johnson has long resided in Malvern, and is thoroughly acquainted with the peculiar virtues of the district and the cases for which it is particularly suited. More than thirty years ago Dr. Johnson opened the hydropathic establishment of Malvernbury, of which he is still the head. The pamphlet gives also a brief history of hydropathy, and the connection of Malvern with the development of that system of treatment. The advantages of Malvern should be thoroughly known to every practitioner who has occasion to advise his patients to take rest and change; and Dr. Johnson's pamphlet will supply the information necessary for intelligent direction. We have ourselves seen remarkable instances of the benefit derived from the air of Malvern combined with hydropathic treatment; and one thing about Dr. Johnson's pamphlet which inspires our confidence is his moderation in the promises he makes of cure.

THE ABDOMINAL BRAIN.¹

Dr. BEDELL is possessed of a theory. She believes that the sympathetic nervous system is the seat of organic and emotional life, as the cerebro-spinal nervous system is the seat of animal life, including thought, reason, judgment, perception, and will. *Mind*, according to Dr. Bedell, is the joint production of the two nervous systems, the cerebro-spinal and the sympathetic. To the latter she gives the name first given by Bichat—*the abdominal brain*. The cerebro-spinal system is stronger in men, and the sympathetic is stronger in women; and according to Dr. Bedell's theory, in the reproduction of our kind the mother contributes the organic part of our constitution and the father the cerebro-spinal.

The author has evidently given much thought to this subject, and she works out her case with great ingenuity and cogency. But to prove her case she should go to work in another way. She starts from her theory; she ought to start from fact. Unfortunately for her theory, we are conversant with facts which will not fit. We know of families in which the children have brains like their mothers and organic natures like their fathers. Dr. Bedell thinks that the amount of space devoted to the sympathetic system in physiology books is scandalously small, and that its functions are very little known as compared with the functions of the cerebro-spinal system. For our part, we think the physiologists are right for once: having nothing to say, they say it. If in other departments they confined themselves to stating what is definitely known, their books would gain as

¹ *The Abdominal Brain.* By Leila G. Bedell, M.D. Chicago: Gross and Delbridge. London: Homeopathic Publishing Company. 1885.

much in value as they would lose in bulk. In our opinion we know just as much about the sympathetic system as we do of the other—and just as little. Dr. Bedell draws some practical conclusions from her doctrines about proper feeding, exercise, and rest. It seems to us that most of us had found out the practical deductions without going through the same process of reasoning. An analytical chemist will prove in the clearest and most scientific manner possible that milk is an excellent food for infants, but the new-born babe finds it out in a much shorter way. So we think many practitioners will have found the hygienic hints she gives of great value, though they have been strangers to her peculiar doctrines. But though we cannot accept Dr. Bedell's theories entirely, we must nevertheless thank her for her entertaining and suggestive little treatise.

THE DECLINE OF MANHOOD.¹

THAT a third edition of this work has already been called for is a pretty sure sign that it meets a generally felt want. The subject on which Dr. Small treats is one that is much neglected by systematic writers on medicine, and this neglect is very much to be regretted. The consequence of it is that the unfortunate victims of evil habits, failing to receive help from their ordinary medical attendants, are thrown into the toils of the worst kinds of advertising quacks, who make matters ten times worse and rob them of all they possess. The habit of abusing the generative organs is often begun in childhood, from a number of causes, when no moral fault can be attached. It is often learned in school, where it will spread like an infection from one or two evil-minded boys among the rest, who are simply thoughtless. But, however it is begun, it is the duty of all medical men to understand the conditions and how to meet them; and it is the duty no-less of parents and schoolmasters to be aware of the danger, to which all boys are more or less exposed. In this excellent little work Dr. Small has treated this subject in a most straightforward and practical way. It is the best book we have seen of the kind, and every general practitioner would be the better for a knowledge of its contents. We have no doubt that a very large number of patients have benefited already by the two former editions, and we hope to see many more editions called for, and the usefulness of Dr. Small's work thus largely extended.

¹ *A Treatise on the Decline of Manhood.* By A. E. Small, A.M., M.D. Chicago: Duncan Brothers. London: Homeopathic Publishing Company.

REPORTS OF INSTITUTIONS.

LONDON HOMŒOPATHIC HOSPITAL.

THE award of the Metropolitan Hospital Sunday Fund to the London Homœopathic Hospital is £138 19s. 2d. Last year it was only £120, the lowest award of any year except one. As explained in the Hospital Report, the decline in the amount of the award is by no means due to any defect in the Hospital, but simply to the greatly increased number of institutions among which the Committee of the Sunday Fund have to distribute their collection. It is most satisfactory to note that the present year shows such an increase.

The lady who has so generously endowed "The Gordon Bed" for a specified period in the Hahnemann Ward of our Hospital has recently visited the Hospital and given £35 as a second year's endowment.

Dr. Byres Moir has generously presented a spinal carriage to the Hospital.

The Winter Session of the London Homœopathic Hospital Medical School will begin on Monday, October 5th, with the Annual Hahnemannian Oration, which will be delivered by Dr. D. Dyce Brown.

This inaugural occasion is always one of much interest, as it is attended by many students and practitioners of both schools of medicine.

It is the hope of the managers of the School that during the ensuing session an increased number of students and qualified medical men will avail themselves of the opportunity afforded by the free nominations of the School to make direct personal inquiry into principles which are rapidly modifying the general practice of medicine. The Hospital will in the coming winter be able, by reason of recent additions to the building, and the liberal support it receives from the public, to admit a larger than usual number of patients, and thus afford a valuable opportunity to acquire a knowledge of homœopathic medicine.

The following are the courses of lectures:

Lectures on Clinical Medicine, by Dr. J. Galley Blackley and Dr. J. H. Clarke.

Lectures on "Materia Medica," by Dr. J. H. Clarke.

Lectures on the Practice of Medicine, by Dr. Dyce Brown.

Hospital practice in the wards and in the Out-patient Department of the Hospital.

The classes of Students to whom these courses are specially addressed are—(1) Medical men who are already qualified and who desire to obtain a knowledge of homœopathy in addition to their other acquirements; (2) Medical Students desiring to be instructed in homœopathic medicine.

Information has been received at the Hospital of a legacy of £200 left by the late Elizabeth Berner, an old subscriber to the Institution.

CHESTER FREE HOMOEOPATHIC DISPENSARY.

In presenting the Seventh Annual Report of the above Institution the committee were able to show a steadily increasing usefulness. The number of attendances exceeded the average of the three previous years, and as a recognition of the extra demand on the time of the honorary medical officer, Mr. Frank Shaw, the committee voted him a sum of ten guineas. As Mr. F. Shaw has recently removed to St. Leonards, a change has taken place in the medical officership of the dispensary. Dr. E. J. Thomas, who has succeeded Mr. Shaw in his practice, was unanimously chosen by the committee of the dispensary to be its honorary medical officer. We wish Dr. Thomas and the Chester Homœopathic Dispensary every success.

BREAD REFORM AND FOOD RECEPTIONS.

THE Parkes Museum of Hygiene, Margaret Street, Regent Street, was never put to a better use than when the first of a series of afternoon meetings on the subject of Food Reform was held there on July 2nd.

We quote the following from a leading article in the *Times* :—

“The hope of the promoters of the movement is, that by helping to make known the advantages of cheap nourishing foods whose general adoption would promote the health of all classes of the community, philanthropic societies will create a demand which commercial enterprise will soon supply. They wish, in short, to make the small traders in the poorer districts their agents and allies, and not to ruin them and pauperise their customers. An uncommercial association on the lines of the Bread Reform League is projected, and Miss Yates, the honorary secretary of that society, who is, it may be said, the moving spirit in this attempt to extend the aims of that organisation, points with some pride to the great improvement in the bread generally consumed, which has been brought about by the efforts of the Bread Reform League in the short space of five years with the very small total expenditure of £691. Two sentences from the report of that association may be quoted, with the conclusion drawn by Miss Yates :—

“Owing to the present depressed state of trade, many working people are in a state bordering on semi-starvation : it is therefore of the utmost importance to know what foods nourish the body completely at the least cost : and

public attention should continue to be directed to the advantages of whea meal and other cereal foods, which will maintain health and strength in conjunction with only a small supply of high-priced animal food.

"The importance of this question to the working classes will be realised when it is known that it has been calculated that an average of 60 per cent. of the annual income of the artisan classes is expended on food. This is a fact not generally grasped, and which brings into clear relief the paramount importance to them of any cheapening of food. In London there are some three millions of the working class. If the cost of food for these were reduced 20 per cent., which could very easily be effected by a proper selection of food, and the present cost of food be estimated at sixpence per head, there would be a saving of £15,000 per diem, or £5,500,000 per annum.

"The use of proper food will prevent or mitigate much of the suffering caused by scurvy, rheumatism, gout, rickets, dyspepsia, bad teeth, neuralgia, debility, scrofula, and consumption, and will enable people to better resist the effects of cold, fever, and infectious diseases, and will also tend to diminish the craving for drink caused by insufficient and innutritious food. A small sum spent in teaching the people to feed themselves will thus not only be the means of enabling them to annually save several millions sterling, but would also lessen the immense sums spent in maintaining work-houses, prisons, and hospitals."

We have no doubt that these "Receptions" will be productive of great good.

FIFTY CASES OF TÆNIA.—Dr. Krabbe has published a report of two hundred cases of tænia met with in Denmark. Dr. Friis, of Tønder, now reports fifty cases coming under his personal observation. Of these, forty-two of the parasites were of the species *Tænia medicocanellata*, six were *T. solium*, and two (in children one year old) were *T. cucumerina*. The *T. medicocanellata* was found in thirty-two females and ten males. Doubtless a similar proportion would be found in the cases of *Tænia solium* if a sufficient number of cases could be collected. It would seem that women are ordinarily infected by tasting the raw meat for puddings, etc. Friis found, as did Krabbe, that the majority of infected persons are between the ages of twenty and forty years. None of the remedies used was completely inefficacious, and in the case of the *Tænia solium* almost any of the usual remedies are likely to succeed except the officinal preparation of the extract of male fern, which seems to be very inefficient. In the cases of *T. medicocanellata*, however, *Filix mas* was the most efficient of all remedies. The second place must be given to pomegranate root, with or without kousso; but this ordinarily requires several trials, which is not the case with *Filix mas*. Under the use of the rectified ethereal extract of male fern, in cases of *T. medicocanellata*, the head came away in 10 cases; the worm disappeared in 6; result unknown in 2; no failures. With the ethereal extract of male fern there were 6 failures. With pomegranate root, the head came away 4 times; the worm 4 times; result unknown 1; failures 5. With pomegranate root and kousso, the head came away 3; the worm 2; result unknown 2; failures 2. With kousso, the head came away 1; failure 1. With psaoria, result unknown 1; failures 2. With kamala, failure 1. (*Nordiskt Medicinist Arkiv.*, Bd. xvi. Hft. 1-6, 1884; *Philadelphia Medical News.*)—Practitioner.

NURSING.

HOW TO FEED PATIENTS.

WHETHER a patient is being properly nourished or not does not depend on the quantity of food he can be made to swallow, but on the amount he can digest. Sometimes food will be taken readily, and retained, when the digestion is much too feeble to convert it into chyle and blood. In this case, instead of giving strength, it is burdening the powers which it is the object of the doctor and the nurse to support. The art of feeding patients consists in giving suitable food at proper intervals. The doctor will in most cases order the kind of food to be given and the frequency; but there is much that must always be left to the discretion of the nurse. She should be something of a cook; enough to know how to cook all simple invalid foods, and to be able to judge whether the food sent up for her patients is properly made; and she should be enough of a doctor to regulate a patient's diet when she cannot for any reason appeal to a doctor for directions.

The following rules for the feeding of fever patients may be found useful:—

(1) When fever comes on suddenly all solid food should be withheld.

(2) In feverish conditions depending on chronic ailments, such as prolonged suppuration, the patient must be fed with whatever food can be taken, solid or liquid.

(3) In the simple acute fevers, such as ordinary feverish attacks, which pass off in twenty-four or forty-eight hours, the less food that is given the better. Cold spring water is all that is required until the fever passes off.

(4) In the uncomplicated cases of the shorter epidemic fevers—measles, scarlatina, german measles—from the onset of the fever till the temperature becomes normal, very little food is required. Cold spring water may be given to drink as much as the patient wishes. For the rest, barley-water, or thin water-gruel, will be sufficient.

(5) In the severer forms of these fevers, and where there are complications, and in typhus and typhoid, very careful feeding is required. The recovery of the patient depends greatly on the maintenance of the strength. Water should still be allowed as much as the patient desires. Milk, water-gruel, strong beef-tea, meat jellies, must also be given at two or three-hours intervals, alternated so that the patient does not become tired of any one.

(6) When fever patients become sick and vomit all the food that is given them, milk and lime-water in the proportion of

three of milk to one of lime-water may be retained. Should this be rejected, milk and soda-water in the proportion of half and half is often acceptable. Failing this whey *Koumiss* ("C." Jagielski) must be given. If there is diarrhoea, No. 3 C.; if there is constipation, No. 1 C.; and if the bowels are all right, No. 2 C. When all other food is rejected, the expressed juice of raw beef, given in teaspoonfuls every half-hour, will often avail to save a patient's life.

(7) In the fever accompanying acute inflammations, the same rules apply as for typhoid, etc. (5). The strength must be maintained and liquid food only is suitable.

(8) In convalescence from fevers, after the temperature has become normal night and morning, solid food may be given, except after typhoid fever, which will be spoken of separately. At first custards, milk-puddings, and white fish, boiled. A cup of tea (mostly milk) with a little bread-and-butter is often very acceptable. Then chicken and game or pigeons may be taken; and in a few days ordinary diet may be resumed.

(8) In convalescence from typhoid the greatest care is required. Many a patient has been sacrificed to a mutton chop. After the temperature has been normal night and morning for three nights and days, bread-and-milk, custard, and milky puddings may be taken. When all fear of a relapse is over—a point which the doctor must decide—fish may be given, and the ordinary diet resumed by gentle degrees as above.

(To be continued.)

TRAINING OF NURSES IN AUSTRALIA.

We have received a file of the Melbourne *Herald* of June last, containing reports of a series of admirable lectures by Dr. Maffey on Nursing. It appears that there is no institution for training nurses in Melbourne, and Dr. Maffey is doing his best to urge those in authority to supply the want. In the meantime he is endeavouring by lectures to spread a knowledge of those general principles of nursing which is the next best thing to actual training.

That Dr. Maffey's efforts are well appreciated the following extract from a leading article on "The Training of Nurses," which appeared in the *Herald* of June 16th, clearly shows:—

"Similar good work has been done by Dr. Maffey in his lectures to wives and daughters at the Prahran Town Hall every Thursday, and there is no doubt that many a family will have reason to be grateful for the knowledge thus obtained. In some quarters there appears to be a narrow-minded disposition to undervalue and 'damn with faint praises' the good work Dr. Maffey is doing, because he is

a homœopathic practitioner. But the main principles of nursing under both systems are generally applicable, and in surgical cases almost universally so. Hence the work that gentleman is doing deserves warm commendation, and we strongly advise all ladies who can possibly do so, to attend the Thursday afternoon lectures at the Prahran Town Hall. It is a pity, certainly, that the principal hospital in the country does not see its way to meet what is really a great public want, but it is only right and just that the community should know that there are earnest men and women in the city and suburbs who are doing their best to impart that knowledge, which is so valuable, not only to those who wish to follow the special calling of nurse, but to every wife and daughter in the country."

We hope to give a further account of Dr. Maffey's lectures in our next issue.

NEW PREPARATIONS AND NEW INVENTIONS.

PURE CONCENTRATED COCOA.

MESSRS. J. S. FRY AND SONS, of Bristol, have forwarded to us a sample of their "Pure Concentrated Cocoa," which they have prepared by a new process, securing extreme solubility and developing the finest flavour of the cocoa. We have given a trial to the sample sent us, and can confirm all that the manufacturers claim for it. They have added a valuable article to the dietary of the breakfast table and the sick-room. We have no doubt that the Pure Concentrated Cocoa will take its place among the best of the cocoa essences.

HOFMANN'S PERFECTED PESSARY.

THERE are few things more unsatisfactory in medicine than the adjusting of pessaries; and so great has been the preponderance of harm done by them over the good that not a few eminent practitioners have declared against them altogether. But it cannot be denied that pessaries are sometimes useful; and the reason why they have got into such bad repute is partly because of the unscientific construction of the instrument, and partly because of the want of skill in practitioners. Dr. Ernst F. Hofmann, of 27, West 23rd Street, New York, claims to have invented a PERFECTED ANATOMICAL PELVIC PESSARY, and from the specimens we have examined we certainly like them better than any we have seen before.

The instrument is unlike any other, and hence is not easy to describe. This is what its inventor says of it:—

"The Perfected Anatomical Pelvic Pessary is of five sizes, and is numbered—0, 1, 2, 3, and 4. It is made of soft, elastic rubber, containing neither zinc nor lead, hollow and inflated with air. Nos. 0 and 4 are also made of hard rubber, hollow and very light. This pessary is more readily applied than any other. Oil being injurious to rubber, the pessary should be lubricated with fine soap."

"As the pessary will need cleansing from time to time, immerse it for this purpose in a weak solution of carbolic acid, say ten to twenty drops to an ounce of water."

"There are two transverse grooves on its superior surface (one on each side), which allow the pessary to rise a little higher up, and which at the same time give support to the broad ligaments of the uterus. Its diameter is longer transversely than antero-posteriorly. The neck of the uterus (in fact, half of the whole uterus) occupies the large central opening, and is kept in its natural position by the pessary being pushed upward by the contraction of the soft parts upon its tapering lower extremity. Its anterior surface slopes backward, thus allowing the anterior wall of the vagina to approximate the posterior wall almost immediately in front of the pessary. The superior extremity of the vagina, resting upon the superior surface of the pessary, and in close contact all around it, is retained in its position by the law of suction, and is in perfect anatomical harmony with the surrounding parts."

"Thus it gives relief to all of the various displacements—prolapsus, partial and complete; ante- and retro-version; retro-flexion and ante-flexion; relieving the patient at once of the distressing obstructive dysmenorrhœa. In my hands it has been eminently successful in sterility, when assisted by other properly-adapted treatment. It is a well-established fact that the greatest number of sterile women suffer from uterine displacement, and are sterile chiefly from that cause."

We have not yet had an opportunity of trying the pessary in practice, but we strongly recommend all those who have much gynaecological work to try it without delay. It is the most promising instrument of the kind we have seen.

VAPOUR OF GLYCERINE FOR COUGH.—According to an account in the *Gazette Médicale de Nantes*, M. Trastour has employed with great advantage the vapour of glycerine whenever a distressing or frequent cough has had to be alleviated. The remedy is very simple in application. About fifty to sixty grammes of glycerine are heated in a porcelain capsule by means of a spirit-lamp; a large volume of vapour is thereby disengaged, and should be breathed by the sufferer. Glycerine in which carbolic acid has been dissolved may also be employed. The cough of phthisis and the irritation in the throat of many complaints afford proper trials for these remedies.—*Lancet*, December 6th, 1884.

Obituary.

EDWARD CHARLES CHEPPELL, M.D.

By the death at Florence, on the 24th June, of Dr. Chepmell, one of the senior homœopathic physicians has been removed from amongst us. Dr. Chepmell graduated at the University of Edinburgh in 1844, and after spending some time at the Paris hospitals his attention was drawn to homœopathy. He now became a pupil of the late Dr. Curie at the hospital in Hanover Square, which was chiefly supported, during its brief existence, by the late Mr. William Leaf. On leaving the hospital, Dr. Chepmell settled in Canonbury, and established the Islington Homœopathic Dispensary in 1847. Here he did much excellent work during a long series of years, not only in curing disease but in teaching others how to do so. It was here that the late Dr. Ramsbotham, and some ten or a dozen other medical men, who have since successfully practised homœopathy, studied the new therapeutic method.

Dr. Chepmell was one of the physicians of the Hahnemann Hospital during a portion of its troubled career. After some years of successful practice he migrated westward, and until his health completely broke down, about ten years ago, resided in Cavendish Square.

He was the author of a very simple, clearly expressed, and useful little work on *Domestic Homœopathy*, and in 1868 published a small volume entitled, *Hints for the Practical Study of the Homœopathic Method in the Absence of Oral Instruction, with Cases for Clinical Comment, illustrative of the Mechanism of Disease and of the Treatment.* It consists of a series of clinical lectures delivered at the Islington Dispensary, and is an excellent little book for students to read, but one which we fear has not had so wide a circulation as it well deserved to have.

Dr. Chepmell was a quiet, retiring, gentlemanly man, devoted to his work, and always in the enjoyment of a considerable practice.

An attack of paralysis, which occurred several years ago, necessitated his complete retirement from active work, and for a long while past he has resided on the continent. At the time of his death he was in the sixty-sixth year of his age.—*Monthly Homœopathic Review.*

LIEUTENANT GREENLY says that of his nineteen men who perished all but one were smokers, and that one was the last to die. The seventeen survivors were non-smoking men.—*New York Medical Times.*

DIETETICS.

PLOVERS' EGGS.

EVERY one has remarked the difference between the white in plovers' eggs and in hens' eggs. Tarchnoff has investigated this difference. He finds that in all birds which are hatched fledged, the albumen in the egg is much thinner and more watery when fresh, and more transparent when boiled, than in hens' eggs. The eggs in birds which are hatched unfledged resemble those of the hen. Pigeons' eggs are intermediate between the two kinds. To this transparent albumen the author gives the name of "*tata*" albumen. It contains about 2 per cent. more of water than ordinary albumen and requires a higher temperature to coagulate it. The point about it which is important in practice, however, is that when coagulated it is digested and peptonised eight or ten times more readily than ordinary white of egg. In cases where the digestion is very feeble and where it is important to sustain the strength of the patient, it is possible that by using plovers' eggs instead of hens' eggs considerable advantage may be gained. (*Pflüger's Archiv*, vol. xxxiii.)—*Practitioner.*

GENERAL CORRESPONDENCE.

THE ANNUAL HOMOEOPATHIC CONGRESS.

To the Editor of the Homœopathic World.

SIR,—Hoping to see a goodly number present at the forthcoming Congress at Norwich, I think a few lines may encourage any who may be wavering to come along, and add to the comfort of those who favour the old city with a visit.

The Royal Hotel is on the Market Place in the centre of the city, and any members who will write to me can secure rooms there or close at hand.

There will be on the table in the ante-room on Friday morning from 9 to 10 o'clock some interesting views of Norwich and the Norfolk Broads for inspection, as well as other photos, city guides, maps, etc., for purchase if desired.

It is intended after lunch to resume work for an hour; then starting promptly we can see something of the main features of the city, getting back to the hotel about half-past five.

Those who purpose staying till Saturday will, I am sure, be well repaid by a run on the rivers and broads before returning home.

The time of year is very favourable, as they are at their best in September, and are becoming increasingly popular as holiday ground, though as yet little known. It is absolutely necessary

that those who intend remaining should let me know at once, as I have to make arrangements some time beforehand so as to avoid disappointment.

Baggage must be left at Thorpe Station on Saturday morning. We start thence at 9.13 to Wroxham Bridge, and by steam launch sail over the most interesting of the broads, bringing up at Acle Bridge. We have a walk of a mile to the station, from which we return to Thorpe in good time to take up baggage and join the quick train at 4.40 p.m., which, through Ely, Cambridge, and London (Liverpool Street or St. Pancras), is in communication with all main lines. I will so arrange that five-shillings shall cover the expense of the trip on the Broads.

I am, Sir, yours faithfully,
27, Surrey Street, Norwich. E. B. ROCHE.

PASTEUR AND FERRAN.

To the Editor of the Homeopathic World.

SIR,—I fear you have not done justice to Dr. Ferran, doubtlessly unconsciously, in stating in your remarks on the above-subject that his system of inoculating persons with the microbe-virus has suffered a "complete collapse," as it now appears, from a letter written by Señor Enrique Lopez, the medical attendant of the "Little Sisters of the Poor" at Valencia, wherein the seventy, not forty-seven, nuns to whom, I presume, you refer, and who were inoculated by Dr. F. with the microbe, thirty of whom were attacked by cholera, out of which cases sixteen died; but this is explained by the fact that these died within *five* days of the inoculation, and Dr. Ferran says that no inoculated person is safe from cholera until after five days from the date of inoculation.

Besides, the report of the Medical Corps of Alcira states that Dr. Ferran's inoculation has been most successful, as only one in 442 cases of those whom he operated on died, whereas one in 113 of those uninoculated died.

Dr. Ferran says that Dr. Koch's comma bacilli can be swallowed with impunity, as Dr. Klein has done, but when these bacilli are attenuated by Dr. Ferran's process they become powerful remedies in cholera by the innumerable *spores* thus produced. But if the microbe organisms be used in their natural state, without being attenuated, they are of no use as a prophylactic against cholera, and only produce mischievous ulcerations in the arms. Is this not an interesting subject, and, one would think, calculated to disabuse the unphilosophic prejudice which allopaths entertain towards homeopathic attenuations? as it is now proved by Dr. Ferran that when the

spores of attenuated bacilli are introduced into the system they defy the acids of digestion and reach the intestines, and thus become both powerful to fortify the system against cholera and cure it.

Those interested in this subject should read a new work just issued by Dr. Van Ermengenis on *Le Microbe du Choléra*.

Ryde, 13th August, 1885.

H. HASTINGS, M.D.

[We are glad to learn that the mortality among the nuns is less than at first reported, though still lamentable enough. We took the accounts which appeared in the daily papers. The correspondent of the *British Medical Journal* in Spain thus alludes to the incident: "Great pressure was put on the seventy [nuns] by the medical man and others belonging to the asylum, and they unfortunately consented to be inoculated on the 1st inst. [July]. They were all in the best of health, except two or three who had slight bowel looseness. By the 5th ten of those inoculated were dead and buried; three or four have died since, and several are in a grave state; and of the rest, forty out of the seventy are ill with cholera, while not one of the uninoculated took it." Statistics resting on Spanish accounts cannot, unfortunately, be accepted as of any value; and we think Dr. Ferran's "Heads I win, tails you lose" policy of claiming that all deaths occurring within five days after his inoculations are due to cholera and not to the inoculation is a delicious example of the way in which they are manufactured. Pasteur took the much more scientific view when he said, "If he has really killed the nuns," etc. Our objection to Pasteur's remarks was the utter want they betrayed of any regard for the slaughtered nuns, and his sublime conceit in himself and his own methods. We regard Dr. Ferran's inoculations as a gigantic experiment founded on a double conjecture—the conjecture of Koch and the conjecture of Pasteur; and we look upon his experiment as one which is being carried out with the greatest recklessness, and an absence of all the precautions that such men as Koch and Pasteur would have taken. The results are not surprising to us. Among the latest reported by the *British Medical Journal* correspondent (August 15th) are the following: "In the meantime there are cases by scores reported in the non-Ferranist papers of deaths occurring after inoculation and re-inoculation, with names, and one case in Catarroja where a man had cholera and got over it; after that he was inoculated, and about three weeks after died of a second attack of cholera. There is a well-known apothecary here who had a daughter inoculated four times; she also died of cholera. I could weary your readers with such cases." The fact is, it has become impossible to say what deaths are due to cholera and what to Ferran. If his system has not "completely collapsed" in Spain, we can only explain the Spanish toleration.

of him on the supposition that the people which will tolerate the present unsanitary condition of Spain will tolerate anything.—
Ed. H. W.]

SPIGELIA ANTHELMIA?—A CAUTION.

To the Editor of the Homœopathic World.

SIR,—Although for some years past we have been unable to obtain this drug in the English market, we have never had any difficulty in getting parcels neatly labelled with its name, but containing a plant with a *perennial* rootstock and the other characters of *Spigelia Marylandica*, which of course is plentiful enough.

Notwithstanding its common name (Demerara Pink) we find it as difficult to meet with in Demerara, and for a supply we lately obtained from another locality, to which we were directed by the Government botanist, we have had to pay an exceedingly high price.

Homœopathic pharmacists will therefore do well to bear these facts in mind, and to regard with suspicion any cheap preparations of this medicine which may be offered them.

Yours faithfully,

59, Moorgate Street, E.C.,

E. GOULD AND SON.

Aug. 20th, 1885.

AN APPEAL.

To the Editor of the Homœopathic World.

SIR,—I am very thankful for the kind way in which you inserted the appeal in the June issue of your excellent journal.

Will you kindly acknowledge the receipt of the further sum of £24 12s. from the following kind contributors through Rolles Driver, Esq., J.P., Dr. Dyce Brown, and your correspondent? Protheroe Smith, Esq., M.D.; W. Bryce, Esq., M.D.; Dr. S. F. Smith; Henry Thompson, Esq.; Sir William Jenner, M.D., Bart., K.C.B.; Mrs. Postlethwaite; M. Roth, Esq., M.D.; R. C. L. Bevan, Esq.; Thomas Engall, Esq., M.R.C.S.; and Dr. Orlando Jones.

The sum now raised in answer to the appeal is £73 15s. towards the £200 solicited.

Further contributions are earnestly requested, and will be thankfully received through Rolles Driver, Esq., J.P., 9, Rock-stone Place, Southampton, Dr. Dyce Brown, or yourself.

Yours faithfully,

A SUBSCRIBER TO AND CONSTANT READER OF THE
“HOMŒOPATHIC WORLD.”

July 17th, 1885.

VARIETIES.

JEQUILITY IN CERTAIN SKIN DISEASES.—Dr. Shoemaker, of Philadelphia, has used this substance in affections of the skin showing great cell proliferation; such as lupoid conditions, epithelioma, sloughing ulcers, etc. He writes: "When at first disappointed with the ordinary infusion used in eye affections, and also with the dry powder dusted over the surface, I applied to Dr. L. Wolff, the well-known chemist, for a more effective preparation, which would not alone be much stronger, but which would at the same time be more viscid, so as to adhere longer to the surface." This he accomplished in a most successful manner in the following way:—Two hundred grains of the abrus bean are decorticated by being slightly bruised and cracked in a mortar; the red hulls are carefully picked from the cotyledons and, in a bottle, covered with distilled water. They are thus macerated for twenty-four hours, when they are again transferred to a mortar and thoroughly triturated until they are reduced to a smooth paste, when sufficient water is added to make the whole weigh 800 grains. Prepared in this way, it presents all the appearances of an emulsion, and is applied with a large camel-hair pencil or mop to the surface to be treated. The effect of this preparation of jequirity, while almost painless in its application to ulcerated and granular surfaces, soon developed (and often within an hour) a great deal of irritation and inflammation, rendering the edges red and infiltrated, the surroundings edematous and shining, and caused some febrile exacerbation in the patient, depending in degree on the area involved. The usual concomitant symptoms of such febrile process are apt to show themselves at this stage, such as headache, pain in the extremities, elevated temperature, and high pulse, all of which, however, are not general, but found only occasionally, and particularly in irritable and very susceptible patients. In the course of from six to twelve hours the products of this specific inflammation are abundant and soon aggregated on the surface in a desiccated, cuirass-like crust, which now obscures further observation. This crust, in the course of twenty-four hours, further exhibits a tendency to crack and break, giving vent to the flow of the products of the degenerative process. This condition, if left alone, will continue for five or six days, the discharge lessening by degrees; the firmly adhering crusts, if not detached on their own account, are now removed by water dressings, and expose to view a surface studded with healthy granulations and islets of healed-up surface, along with evidence of the progress of the regenerative process at the periphery. In cases where one application does not suffice, and where there is still evidence of the presence of unhealthy granulations, a second application is now made, and conducted as before, a third and further application being made as the case may require. The results thus obtained with jequirity will best be seen from the citation of a few cases from the Case-book of the Philadelphia Hospital for Skin Diseases. Case 1.—John T., aged thirty-five years, car conductor, has been under treatment for some time. Specific ulceration on the right leg. He cannot give up his occupation. Under specific treatment the colour of the edges improved, but showed no tendency to heal. By an application of jequirity the ulcer in one week was

greatly improved, with edges smooth and healing; another application of jequirity healed up the ulcer completely after the second week. Case 2.—Jane W—, aged seventeen, factory hand. Scrofulous, indolent ulcer on neck, easily bleeding, with unhealthy ground. She was put under constitutional anti-scarfulous treatment. After an application of jequirity the crusts were removed in a week, the patient being greatly improved in health. After two weeks' applications the ulceration was looking healthy, and healed under simple dressings. Case 3.—Mrs. G—, aged forty. Ulcerating lupus, extending over the bridge of the nose. A case of Dr. Albert Fricke, of this city, to whom I was called in consultation. The patient had been under the care of several physicians. Escharotics and scrapers had both been applied, but to no advantage. I suggested the use of jequirity. The first application of a clear infusion proved of no avail, running off without causing any marked irritation. The concentrated emulsio-infusion was applied with a camel-hair brush every third day, until a firm cuirass-like scab was formed. After this had become spontaneously detached, at the end of three weeks, the surface entirely healed over. Case 4.—Mr. W—, aged forty-three. A large epithelial ulceration on the dorsal surface of the left hand. He met some years ago with an injury to the hand. He had gradually increasing lancinating and excruciating pains and spreading ulceration, until it entirely covered the dorsal surface. He had been under various treatment, with only partial amelioration of the symptoms. Had been cauterised and scraped with no permanent advantage. The concentrated emulsio-infusion of jequirity was applied in the usual way. It soon developed all the signs of the specific inflammation, leaving immense scabs, which were four times detached, and followed by new applications, when ultimately the entire surface was completely cicatrised. Case 5.—Lavinia W—, aged forty-five, seamstress. Ulcerating lupus on both sides of the face. A most desperate case. She had been under treatment for years, consisting of periodical scrapings and applications of caustics as well as the cautery, which in every instance were followed by exuberant granulations notwithstanding the most careful local and constitutional treatment. The surface was affected in irregular patches, extending to no less than two and a half by four inches on each side. As a *dernier ressort*, and a last case for the jequirity treatment, the concentrated emulsio-infusion was applied freely over the patches. It was followed by an enormous amount of inflammation, accompanied by malaise, febrile exacerbation, the temperature rising to 103°, which lasted until the cuirass-like crusts had formed and commenced to dry up. After these were detached and the applications renewed, the same constitutional disturbances took place, lessening, however, in the proportion as cicatrisation diminished the affected surfaces. After the fifth application the crusts were allowed to detach themselves spontaneously, and with it a well-healed surface was apparent all over the patches, granulations, tubercles, and ulcerations having entirely disappeared. To sum up. The results of the treatment of diseases of the skin with jequirity lead me to pronounce it a most powerful agent, applicable to almost all cases of unhealthy ulcerating and granulating conditions, upon which it certainly exercises a destructive tendency, followed by a constructive change, and forming under the protective covers of the exudation it causes a rapid development.

of healthy tissue. Though under proper conditions and careful supervision it is a remedy of the greatest service, it should be applied with caution, as it may give rise to alarming symptoms, erysipelatous inflammation, and, if used on weak and irritable patients, to great constitutional disturbances. These symptoms, however, will speedily subside with proper attention, and on the drying of the crusts. That Jequirity has a still larger field than simply that of ophthalmic practice will readily appear as a deduction from my experience." (*Lancet*, August 2nd, 1884.)—Practitioner.

PÆDIATRIC APHORISMS.—The following aphorisms of Professor Letamendi are quoted in *El Dictamen* of May 10, 1884: (1) Children are like the mob; they always complain with reason, although they cannot give the reason why they complain. (2) Always look at the lips of a pale and sickly child; if they are of a deep red colour, beware of prescribing tonics internally. At the outset you will congratulate yourself, but in the long run you will repent of having employed them. (3) As a general rule, a sad child has an encephalic lesion; a furious child, an abdominal one; a soporific child has both, though indistinctly defined. (4) An attendance on children produces in the mind of an observant physician the conviction that the half, at least, of adult transgressors are so through morbid abdominal influences. (5) A sunny living-room, a clean skin, and an ounce of castor oil in the cupboard, these are the three great points of infantile hygiene. (6) To dispute the clinical value of tracheotomy in croup is to occupy time to no good purpose. Croup or no croup, if there be a positive obstruction to respiration in the larynx, it is but according to reason to open a way for sublaryngeal respiration. In the days of more knowledge and less nonsense, tracheotomy will be ranked among the minor surgical operations. (7) Dentition is a true multiple pregnancy, in which the uterus and its foetuses become petrified in proportion as they grow. It is not the direct or eruptive pressure, but the lateral pressure of all together that is the most dangerous. It is from this that so many cerebral symptoms appear which can in no way be relieved by incisions of the gums. The only recourse against the dangers of this transverse pressure is to give the child more nourishment, in the hope that as the general condition is bettered the local condition will also be improved. (8) If the incisors of the first dentition are serrated it is bad, but if those of the second formation are the same, it is worse. It foretells a number of lesions arising from deficiency of mineral salts in the tissues. There is one only exception, and it is an important one. When the serrated incisors are seen in strong children in whom the fontanelles have closed early, it is a sign of a robust constitution. Instead of a number of small and sharp dentations there are a few large blunt ones. (9) To regard the eruption of the teeth as the sole factor in the general process known as the first dentition, is to perpetrate a sort of medical synecdoche. Children get their first teeth because they are at the same time getting a second stomach and second intestines. (10) The body of a child possesses such a degree of "acoustic transparency" that in cases of necessity or convenience auscultation may be practised with the hand, converting it into a telephone which will reveal as much to the physician as even his ear could do. (11) In practice it is well to distinguish with precision a case in which disease is due to lumbricoids from one in which lumbricoids are due to disease. For in the

former case anthelmintics are of service, but in the latter they do harm. (12) Since, until a child is able to talk clearly, his relations with the physician are purely objective, it is very necessary that we should study as carefully as do the veterinarians the exact correspondence between the lesions and the expression of the patient. (13) If you wish to cure rapidly and well joint-diseases in infants, you must treat them as you would a conflagration—douches, douches, and more douches, until you have succeeded in extinguishing them. (14) The entire system of the moral relations between children and adults should be changed. To speak to them incorrectly merely because they cannot pronounce well; to excite their fears and arouse their weird imaginations simply because they are easily frightened and impressionable; to stimulate their vanity because they are naturally inclined to be vain; these and other similar actions are not only wrong, but absurd. (15) There is finally a danger to the woman of contracting a vice as yet unregistered—mastomania, or the sensuality of nursing. When this physiological act degenerates into a vice, nursing becomes so frequent as to be nearly continuous, and the result is ruin to both mother and child. Finally, the physician must here, as always, be at once wise, discreet, of good judgment, and firm. (*N. Y. Med. Record*, June 28, 1884.)—*Practitioner*.

KNEE-JERK IN DIABETES.—The introduction of one new condition into any existing arrangement cannot take place without producing more than one alteration. The phenomenon of the knee-jerk, which may practically be said to have been introduced into the sphere of clinical medicine during the past decade, bears testimony to the above generalisation. The investigation of the condition of the knee-jerk may seem to some medical men a somewhat novel application of a reflex action. M. Bouchard made a distinct impression by his paper on the subject at the French Association for the Advancement of Science recently held at Blois. The presence or absence of the knee phenomenon in diabetes mellitus is said to possess much importance both from a prognostic and diagnostic point of view. Forty-seven cases observed during the last three years by M. Bouchard were found to have the patellar tendon reflex, and of these cases only two died, or about 4 per cent. Nineteen cases were collected in which the knee-jerk was absent, and of these six were fatal, or about 33 per cent.; the mortality in the latter group may have been still greater, since some of the number were lost sight of. The members of the second category also had a cachectic aspect. M. Bouchard believes that the disappearance of the knee phenomenon in the course of diabetes indicates the entry into a grave and perilous state. It is perhaps lending too much value to the knee-jerk to say that the absence of it has given the cue to the diagnosis of diabetic coma; a statement to this effect may be found in the report from which we abstract our information on M. Bouchard's paper. An infant was found comatose with dry cracked lips and absolutely afebrile; none of its antecedents could be ascertained. The knee-jerk was absent, and the coma resembled that met with in cases of intoxication and of uræmic or diabetic toxæmia. There was the odour of acetone in the breath; some balano-posthitis and intense thirst. A washing from the child's underlinen reduced Fehling's solution. M. Bouchard thinks it

necessary to state that the absence of the "tendon reflex" does not favour the nervous theory of diabetes.—*Lancet*, Oct. 4, 1884.

ACCIDENT WITH LYCOPODIUM.—An account is given in the *Journ. de Pharm. d'Als.-Lorr.* of a curious accident in a Strasburg pharmacy. The apprentice was transferring some lycopodium from one bottle to another, when some of the dust resulting suddenly took fire at a gas-jet near by, with a slight explosion. This startled the youth, who dropped the bottle on the floor; a thick cloud of lycopodium dust arose, and itself took fire with a violent explosion, which shattered the windows and broke a good many bottles. The apprentice escaped with a few slight burns.—*Chemist and Druggist*.

RAILWAY GUARDS WITH SURGICAL TRAINING.—It is stated in the *Wiener Medizinische Blätter* that the authorities of one of the Russian railways have ordered that one of the guards on each train shall always be a *Feldscher*. These Feldschers are men who have had some surgical training in the army, and are employed as subordinate medical officers. Villages which are far from a medical man have usually a resident *Feldscher* who does most of the "doctoring" required by the inhabitants, that is when they do not resort to old women who work by charms, or to other charlatans.—*British Medical Journal*.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Abercrombie (J.). *The Student's Guide to Medical Jurisprudence.* (Churchill. 7s. 6d.)
- Bartlett (E. A.). *Cholera: Its History, Cause, and Prevention.* (Albany, New York. 2s.)
- Chapman (J.). *Cholera Curable: a Demonstration of the Causes, Non-Contagiousness, and Successful Treatment of the Disease.* (Churchill. 5s.)
- Delafield (F., M.D.) and Prudden (T. M., M.D.). *A Handbook of Pathological Anatomy and Histology.* (New York. 25s.)
- Dornville (E. J.). *A Manual for Hospital Nurses and others engaged in Attending on the Sick.* 5th edition. (Churchill. 2s. 6d.)
- Fuchs (Ernst). *The Causes and the Prevention of Blindness.* Translated by R. E. Dudgeon. With a few Notes by M. Roth. (Bailliére. 7s. 6d.)
- Gould (A. Pearce). *Elements of Surgical Diagnosis.* (Philadelphia. 10s.)
- Habershon (S. O.). *On the Pathology and Treatment of some Diseases of the Liver.* 2nd edition. (Churchill. 4s.)
- Harkin (Dr. A.). *The Nature and Treatment of Sporadic and Epidemic Cholera.* (Renshaw. 6d.)
- Hohnes (G.). *The Hygiene of the Throat and Ear: a Popular Guide to the Causes, Prevention, and Curability of their Diseases.* (Churchill. 1s. 6d.)
- Lane (E. W.). *Hygienic Medicine the Teachings of Philosophy and Common Sense.* (Churchill. 6d.)
- Osborn (S.). *Ambulance Lectures: First Aid to the Injured.* (Lewis. 1s. 6d.)
- Raike (Charles Henry). *A Practical Treatise on Diseases of the Kidneys and Urinary Derangements.* (Lewis. 10s. 6d.)
- Sajous (C. E.). *Hay Fever and its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane.* (Philadelphia. 5s.)
- Wardell (J. R.). *Contributions to Pathology and the Practice of Medicine.* (Lewis. 21s.)
- Wermley (T. G.). *Micro-Chemistry of Poisons, including their Physiological, Pathological, and Legal Relations.* 2nd edition. (Philadelphia. 38s.)
- Ziemssen's (Von) *Handbook of General Therapeutics.* Vol. III. *Respiratory Therapeutics.* By Prof. M. J. Ertei. Translated by Dr. J. B. Yeo. (Smith and Elder. 12s.)

* * To be continued Monthly.

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SHORT NOTES, ANSWERS TO CORRESPONDENTS, &c.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct and return to the Editor as early as possible.

WE learn that Dr. Alfred Drysdale, late of Mentone, has removed to Cannes. Dr. Drysdale is succeeding to the practice of Dr. Stephens, who is retiring from practice.

DR. ROLLIN R. GREGG, Buffalo, U.S., is thanked for his communication; but we regret we are not able to insert it.

MR. J. C. POTTAGE, Scarborough.—Your interesting address at the last quarterly meeting of the Homœopathic Pharmaceutical Association will be noticed in our next issue.

MR. H. K. BROMHEAD, Glasgow.—We regret that we cannot insert the whole of your

letter, and therefore deem it best to omit it altogether.

CORRESPONDENTS.

Communications received from Mr. Norman, Bath; Dr. Ernst F. Hoffmann, New York; Miss Yates, London; Dr. E. B. Roche, Norwich; Dr. Alfred Drysdale, Cannes; Mr. Horatio K. Bromhead, Glasgow; Dr. Hayward, Liverpool; Dr. Winterburn, New York; Dr. Frank Shaw, St. Leonards; T. S. Fry and Sons, Bristol; Dr. Clifton, Northampton; Messrs. E. Gould and Son, London; Dr. Hastings, Ryde; Dr. Madden, Birmingham; Dr. Simpson, Glasgow; the Rev. R. Swallow, Market Rasen.

BOOKS AND JOURNALS RECEIVED.

Allgemeine Homœopathische Zeitung.—Zoophilist.—Medical Advance.—Monthly Homœopathic Review.—Revue Homœopathique Belge.—Homœopatische Monatsblätter.—Medical Investigator.—Dublin Journal of Medical Science.—Bibliothèque Homœopathique.—New York Medical Times.—St. Louis Periscope.—United States Medical Investigator.—Medical Advocate.—Clinique. Medical Visitor.—Chemist and Druggist.—American Observer.—Homœopathy and its Relation to the Germ Theory. By Dr. Tooker.—La Reforma Medica, Mexico.—Revival of British Industries. By a Candidate.—Calcutta Medical Journal, April and May.

THE
HOMŒOPATHIC WORLD.

OCTOBER 1, 1885.

THE SMALL DOSE.

Two months ago, writing on the subject of "Homœopathic Medicines," we said that, strictly speaking, there were no such things. With still greater emphasis may we say there are no such things as "Homœopathic doses." Homœopathy has indeed something to do with medicines, but with doses it has nothing to do whatever. Homœopathy refers simply to the selection of the appropriate remedy for any case; when a medicine is given in an illness like that which it is itself capable of producing, the medicine is homœopathic, and the practice is homœopathy. Homœopathy has no more to do with the dose in which the medicine is given than it has with the bottle in which the medicine is dispensed. It would be just as reasonable to talk about homœopathic bottles as it is about homœopathic doses.

It is true that HIPPOCRATES, when he laid down the maxim that some diseases were cured by likes and some by contraries, said that for a disease to be cured by "likes" the dose must be smaller than that required to produce the diseased condition. But even this is not always the case. Cures do occur by medicines homœopathic to the disease when the medicines are given in massive doses; and often cures are accomplished homœopathically in one patient, when the drug is given in doses which would produce the like disease in another.

But for all that the Hippocratic maxim was sound. Although homœopathic cures do take place from massive doses of medicines, it is found in practice that the curative effects may

be obtained by much smaller doses, and the other effects of a drug, which are not required, avoided. When HAHNEMANN found that the dictum of HIPPOCRATES embodied a truth well-nigh universal in regard to medicines, he soon found that his rule about smaller dosage was a piece of sound deduction from practice. But HAHNEMANN did not arrive at the very minute dosage all at once. One of the instances of homœopathic cure he has related was effected by the mother tincture of *Bryonia*. To say that the dose must be smaller than that required to produce physiological effects was not to say very much ; and HAHNEMANN at once began to put it to the test of practice. He found that by gradually attenuating medicines, whether by triturating them or diluting them, in some cases their power of curing was actually increased. His process of attenuating was a peculiar one. It was done in a graduated method, so that perfect division of the substance was effected at each stage of the process.

That there is nothing inherently ridiculous in an increase of power from fine division, the facts of everyday life and of old-school medicine abundantly testify. Everybody knows that the finely powdered sugar used at dessert is a much more effective sweetening agent than sugar coarsely ground ; and every medical student knows that whilst metallic mercury is inert, and may be swallowed by the pound, the same substance when finely divided, as in grey powder, must only be taken by the grain. HAHNEMANN, acting on this hint, has proved that mercury is not an exception to, but only an example of, a general rule, and that many inert metallic substances develop a medicinal power only when reduced to a state of fine division.

But it will be seen that this is purely and simply a deduction from practice, and that it has nothing whatever to do with the principle of homœopathy. It may be added that we have no clue given us as to the selection of any given attenuation for any given case. Experience is our only teacher here, and to a great extent each practitioner must take his own experience for guide. The large majority of those who accept the homœopathic principle practise

generally with the medium attenuations ; some go very much "higher," as it is now called," or "lower" as it used to be called—using medicines far more finely attenuated than HAHNEMANN ever did ; and some go to the opposite extreme and use nothing more dilute than the mother tinctures. The adherents of each method have cures to report where different methods have been tried and failed. For our part, we believe that with some medicines, and for some cases, medicines are better given very little diluted, and for others they are more effective in the high attenuations ; and we hope that some day a rule may be found to guide us in the selection of dose, as a rule has been found to guide us in the selection of the medicine. At present we have only the guidance of experience. This teaches us that in every case the curative effect of a drug may be better obtained by a dose that is too small to produce effects other than those desired, and that in many instances the curative power of a drug is greatly enhanced by reducing it to a fine state of division. HAHNEMANN's demonstration of this fact has been hardly less beneficial to the practice of medicine than his demonstration of the truth of homœopathy ; indeed without it homœopathy could never have been the brilliant success that it has been. But for all that the small dose is not homœopathy, and to speak of "homœopathic doses" is to use a phrase that has absolutely no meaning at all.

THE CHOLERA.

THE cholera epidemic in Spain appears to have spent its force, but not till it has visited with terrible effect nearly every part of the country. When the tale of deaths is fully told the total will not fall far short of one hundred thousand, even if it does not exceed this appalling figure. As is usual, the mortality in the decline of the epidemic is not so proportionately great as it was when the disease first broke out ;—about a third of those attacked now die, whereas considerably more than half died at first. Though Spain has borne the brunt of the attack, the disease has not confined

itself within the Spanish frontiers. Marseilles and Toulon have again been visited. This is somewhat unusual, for the disease rarely appears in the same town two years in succession. But in these places the epidemic has been nothing to compare in violence with that of 1884. Italy seemed likely to escape, but cases of the disease have appeared at Parma, Palermo, and elsewhere. Last year it will be remembered that cases were reported from Cardiff in our own country, and this year again one undoubted case has occurred there, terminating fatally in a few hours.

And now what have we learned from all this terrible experience about the disease or its treatment that we did not know before? About the disease itself we have learned nothing. That it depends on a great number of different factors was known long ago, but what may be the determining factor in any epidemic we know no more than ever we did. The comma bacillus may or may not be concerned in producing the disease: KLEIN swallows myriads of them in a glass of water and suffers no ill effects; a workman at Cardiff drinks foul water from a cask, and dies of cholera in three hours. Nor does Dr. FERRAN's great experiment teach us anything definite. In some instances disastrous results have followed; and in those cases where it does seem to have had an effect in warding off the disease, the beneficial action of his process appears to have been on the mind rather than the body. Nothing is worse than fear in producing a susceptibility to cholera, and the people who believed in FERRAN and were inoculated may have been cured of panic, and thus placed in a better position to resist the disease.

And if we have learned nothing about the disease itself, what shall we say of the treatment? This is indeed a melancholy subject. There can hardly be said to have been any treatment at all. Not that cholera is not as susceptible of treatment as most diseases, but the ignorance of medical men in general, and Spanish medical men in particular, of how to treat cholera patients is so absolute, that scarcely any was attempted.

If there is one thing certain in medicine it is that *copper* is a prophylactic against cholera. If there is another thing certain it is that *camphor*, taken at the very beginning, will cut short an attack. And yet Spain delivers up its 100,000 victims without a thought of resorting to either of these simple expedients; and the allopathic medical profession throughout the world utters no word of astonishment! If each man, woman, and child in Spain had worn a plate of copper when the epidemic first appeared, and if every family had been supplied with a bottle of RUBINI's tincture of *Camphor*, to be taken in one to five-drop doses every fifteen minutes when any diarrhoea occurred, we have no hesitation in saying that the epidemic would have been checked at the beginning, and this tale of awful mortality would never have been told. But no! Scientific investigations and filthy inoculations are the order of the day. Copper and camphor may prevent the disease, and cure patients who have got it, but they have not received the stamp of the orthodox medical profession. Where the leaders of the profession prefer darkness to light, what wonder is there that the people die?

NOTES.

ADVANCE AUSTRALIA!

THE first homeopathic hospital in the Southern hemisphere has been built at Melbourne, and the Government of Victoria has voted £2,000 towards defraying the expenses. Before this notice appears the formal opening will have taken place, and we hope soon to give our readers some particulars of this important and interesting event. By the kindness of Dr. James Teague, whose letter appears in our Special Correspondence, we are able to give an account of what the hospital is like. We trust we may soon be able to chronicle the foundation of similar institutions in the other Southern colonies, and the conversion of these hospitals into medical schools. America leads the way, the Colonies follow, and Britain brings up the rear. That is the natural order of progress in medical affairs, and we are glad to see Melbourne rising to

the occasion. Hitherto the Old Country has been ahead of the Colonies in respect of hospitals and teaching, but we trust the more favourable circumstances of Colonial life will enable them to give us a good lead. To Dr. Maffey we look for the establishing of a nursing institution in connection with the new hospital.

THE "AMERICAN OBSERVER."

It is with great pleasure that we hail the reappearance of the *American Observer* with the announcement of the return to health of its editor, Dr. E. A. Lodge. The *Observer* has always held a very high place among our journals, and the number for July betrays no falling-off in interest. We trust Dr. Lodge may long enjoy the health he has regained, and continue his work as heretofore, to our much profit, and with pleasure to himself.

THE "HOMEOPATHIC JOURNAL OF OBSTETRICS."

THERE is still one quarterly homœopathic journal left—the *Homœopathic Journal of Obstetrics and Diseases of Women and Children*,—and happily this shows no signs of failing vigour; but even this, the last of the quarterlies, has just undergone a change. Dr. Henry Minton, who has conducted the journal with great ability for the last six years, from its foundation, now resigns his post to Dr. L. L. Danforth. We are happy to learn that the cause of Dr. Minton's retirement is the increasing claims of private practice. Dr. Danforth has our hearty good wishes for the journal's continued success.

PURPURA HÆMORRHAGICA.

A BRIGHT idea has occurred to Dr. Winterburn, editor of the *American Homœopathist*. Dr. Winterburn (who has sent us an interesting communication which appears in our present issue) has been working up the subject of *purpura hæmorrhagica*, and the happy thought occurred to him of writing to all his friends to ask them to give him their experience bearing on the subject. He has received a liberal response, and the August number of the *American Homœopathist* is given up to the narration of cases and comments. Both are most instructive. In coming numbers of his journal

more experience will be given to the world, and the clinical history and treatment of the disease will in this way be more effectually worked out than has hitherto been done. We hope Dr. Winterburn will follow up his idea with other diseases, and that other investigators may follow his example. This is a kind of "Collective Investigation" from which real good may come; and those who undertake to read papers at Societies might make them very much more valuable and interesting if they proceeded on a similar plan.

"MATERIA MEDICA PHYSIOLOGICAL AND APPLIED."

THE *Dublin Journal* notices the *Materia Medica Physiological and Applied* in this fashion:—

"What are we to make of a ponderous tome of 736 pages, large octavo, purporting to be the first of a series of volumes on the *Materia Medica*, and yet dealing with only six drugs? How would our shelves groan under such a gigantic encyclopædia when completed, and who could find time to read its contents? . . . An able introduction, which treats of the philosophy of drug action, is from the joint pens of Drs. Drysdale, Dudgeon, Hayward, and Hughes, and on the special articles an amazing amount of labour has been spent in describing the symptomatology of the six drugs from a homeopathic point of view. Thus no fewer than 2,254 symptoms are recorded in connection with *Aconite* alone, comment upon which we leave to the imagination of our readers."

Doubtless the worthy *Journal* would rather have a beautiful, scientific statement of the effect of the various drugs on isolated frogs' hearts!

THE DEPTHS OF ALLOPATHIC IGNORANCE.

We have often spoken of the difficulty medical men find in understanding what homœopathy is, even when they are not indisposed to learn. We did not, however, calculate what they could achieve in the way of not understanding, when they would rather not. The following letter from Dr. Dudgeon, which appeared in the *Medical Press* of September 9th, refers to a case which will illustrate this point:—

"ADMINISTRATION OF NARCOTICS TO INFANTS.

"To the Editor of the *Medical Press and Circular*.

"Sir,—In the report of a case under the above heading by your 'Northern Correspondent,' in last issue, page 218, I find a statement that seems to require explanation. A child of five weeks dies after a dose of five drops of laudanum, given to allay pain and stop crying.

A Dr. Crawford, who did not administer or prescribe the narcotic, but who saw the infant frequently between 10.30 a.m. on Saturday and 2 p.m. on Sunday, is examined by the Sheriff, who asks him, 'At what age is it safe to give soothing syrup to a child?' To which the doctor replies, 'I do not think it safe almost at any age under a year old.' This in the first person. The report then goes on to make him say, now in the third person, 'He should say *other homeopathic medicines* in bottles were also unsafe for mothers to give to children under a year old.' Other homœopathic medicines! When was laudanum converted into a homœopathic medicine? and what sort of homœopathy is it to give a narcotic in order to allay pain? Hitherto we have understood that laudanum and its use to cause narcosis were characteristically allopathic; but if Dr. Crawford is correctly reported, he would seem to think that this was an illustration of homœopathic practice. It would be interesting to learn from Dr. Crawford what homœopathic medicines 'in bottles' are 'unsafe for mothers to give to children under a year old.' Perhaps he will kindly inform us.

Yours truly,

"R. E. DUDGEON.

" 53, Montagu Square, London, W."

GOOD CHEER FOR HIGH DILUTIONISTS.

THE Paris letter to the *British Medical Journal* of 5th September brings cheer to some of our high dilutionist friends from an unexpected quarter. Nothing has been more laughed at than the smelling of globules, sometimes recommended as an effective way of taking medicines, and even the holding of a bottle containing them in the hand. Now we have some real, genuine, scientific experiments, performed in the wards of no less a person than Charcot himself by MM. Bourru and Burot, in which the subjects were hysterical patients, and the "toxic agents" various. But the mode of administration is the remarkable thing. Were they given by mouth? Oh no! Smelt of? Not at all. Held in the hand? Not even that. They were "*wrapped up in paper or put in a bottle behind the patient's head*!" It is quite true; and we give the very words of the correspondent, because this is very important, and might be worth a trial:—

" At the Congress for the advancement of science recently held at Grenoble, MM. Bourru and Burot made a communication on the action of medical and toxic substances on hysterical patients, exercised at a distance. The substance is wrapped up in paper or put in a bottle, and placed at the back of the patient's head without the cognisance of the patient. All narcotics, under these circumstances, it is alleged, produce sleep. Opium and morphia provoke heavy sleep; chloral lighter sleep; sleep from narceine ceases suddenly, and the patient has an anxious expression; that from codeine,

thelaine, and narcotine is accompanied by more or less diffused convulsive movements. Emetics and purgatives also vary in the effects produced. Ethylic alcohol provokes heavy drunkenness; amylic alcohols excite angry drunkenness; aldehydes produce almost instantaneously a prostrate condition. Absinthe causes paralysis of the legs. Antispasmodics are very varied in their effect; camphor and cherry-laurel water acts as a sedative; in women it produces religious ecstasy and convulsion of the respiratory muscles; in male subjects only convulsions. Repeated experiments show that essential oils produce ecstasy, and hydrocyanic acid convulsions. Valerian produced violent agitation, accompanied by phenomena resembling those which it produces in the cat. Anæsthetics produced excitement, followed by sleep. Phosphorus produced trembling; cantharides a state of excitement which camphor calmed. Veratrine produces a pricking of the nostrils, with disturbed vision. Jaborandi and pilocarpin produce sweating and a flow of saliva, with saccharine reaction. Some of these experiments have been made in the wards of M. Charcot and Dumontpallier. At Grenoble it was proposed to M. Burot to repeat his experiments at the Congress, and a day was fixed, but it was impossible to find a hysterical patient."

The last piece of information reminds us of the naturalist who, in writing his book, excused himself from writing a description of a certain disagreeable little insect on the plea that he couldn't obtain a specimen.

THE PROPOSED WASHINGTON CONGRESS.

EVEN the most sanguine must have now given up the idea that the next International Medical Congress will assemble at Washington. Dr. N. K. Davis, who is an official of the American Medical Association, has replied to Sir William MacCormac, and from this letter it appears that the Association will not give way. Dr. John S. Billings, one of the delegates at Copenhagen, says that the original invitation "was purposely worded as coming from the medical profession of the United States, and not from any Association;" so there is a deadlock. As the New York *Medical Times* says, "the handful of old fossils which still cling to their old code may, by-and-by, learn that they are reaping, in the contempt of scientists everywhere, the reward of their tricks and their plots." In the meantime another place of meeting for the Congress will have to be found. Berlin is named as the most likely to be selected.

THE date of the Norwich Congress is too late for us to

give any account of it this month. We hope to give a full report in our November issue.

THE British Homœopathic Society holds its first meeting of the season at the Hospital in Great Ormond Street on Thursday, October 1st, at 7 p.m. Dr. Clarke will read a paper entitled *Lathyrus in Spinal Paralysis*.

ORIGINAL COMMUNICATIONS.

MALIGNANT PUSTULE CURED BY SILICEA.

By GEORGE W. WINTERBURN, M.D., New York.

ABOUT four years ago, I think it was in April or May, there was quite a smallpox scare in Jersey City, a town suburban to New York. A number of cases occurred in quick succession and much excitement ensued. Well, to one of those houses in which there was smallpox went, from New York, a lady with her little child to pay a visit. As soon as she learned of the presence of the disease she beat a hasty retreat, and returning to New York she came at once to my office to have the child vaccinated. This I declined to do, as I do not vaccinate, and I counselled her against it. Later in the day other advice prevailed, and the child was vaccinated by another physician. The vaccine took, but failed, for some reason not known to me, to run its normal course, a reddish tubercle developing upon the seat of the inoculation; from this, later, there oozed a sticky fluid, which saturated through the sleeve of the child's night-dress. One night the child in its restlessness threw its arm over its mother's face as they were sleeping side by side, and the wet sleeve struck the mother's lower lip. The next morning the lip was swollen and painful, and the mother obtained, in the course of the day, from a chemist near by, a lotion; he informed her that the swelling was nothing to worry about. The next morning, however, she found herself unable to open her mouth, and I was called in haste about nine o'clock. I found the lip swollen to an incredible extent. The vermillion border was at least two inches thick, and touched the lower border of the chin. It would seem impossible that a lip could swell so without bursting open. The glands under the chin and along the under part of the jaw were swollen and

indurated, and all the muscular tissue was hardened so that the jaw was immovable. One of the front teeth being missing I managed to force a quill into her mouth, through which she could painfully suck a few drops of water; she had eaten nothing for nearly forty hours, and drank nothing for about eighteen, and was parched with thirst. I gave her *Arsenicum* 6. There's where I made a mistake. I was at a loss to know the right remedy, and I was too cowardly to give nothing at all. I had never seen such a case, and I ought to have known better than to hazard anything on a guess. However, I went home and studied the case thoroughly, coming to the conclusion that *Silicea* was the remedy.

I returned in about two hours and found that the swelling had manifestly extended toward the eye and ear and down the neck since my first visit. I now gave *Silicea* (Carroll Dunham's 200) in water, of which she managed to take a few drops through the quill. I saw her again at six o'clock that evening. I imagined there was a slight decrease in the iron-like hardness of the cheeks, but the only absolute assurance that I could give was that the swelling had not extended since noon. The next morning a very satisfactory improvement was manifest. She could drink milk or other fluid through the quill with freedom and ease. The upper portion of the cheeks and the tissues under the chin were softening nicely. From that time on the case progressed to my satisfaction. About the sixth day a large thick crust the entire width of the lip sloughed off, leaving healthy tissue underneath, and in about ten days she was quite recovered. I am sorry to say I never received adequate acknowledgment or compensation for the case. When first called, to calm her alarm, I said there was no danger, that she would be all right in a few days, so when she did recover she quite took me at my word, and never realised how near she was to death's door that bright spring morning.

ON THE INTERPRETATION OF PATHOGENETIC STATES AND THERAPEUTIC FACTS.

By ARTHUR DE NOÉ WALKER, M.D.

In the first volume of the "Transactions of the Clinical Society of London" the reader will find a detailed history of a case of confluent Acne generated in an epileptic patient

by *Bromide of Potassium*. The premises and conclusion in explanation of that pathogenetic fact are thus stated:—

“That it has a stimulating power over the skin-structures seems further proved (! !) by the fact that obstinate Acne sometimes entirely disappears under its employment. In one case under my care, severe Acne of the face and shoulders, of four years' standing, was entirely got rid of while the *Bromide* was being taken in moderate doses, for what appeared to be a nervous cough, and though some months have passed the eruption has not returned.”

This is one of several clinical records that will be submitted for the consideration of the student, with the object of showing how artificially weak and incapable clinical perception becomes when systematically enfeebled by the propensity, unconsciously acquired, or authoritatively imposed, of forcing pathological and pathogenetic states to fit in and to tally with foregone conclusions and approved assumptions, whereby a whole system has for several centuries been in course of construction. This system is made up of technical terms and conventional phrases, to which the hidden and complex series of all healthy and diseased processes *must* be referred, interpreted, and unhesitatingly accepted by every physician who aspires to be numbered with the “orthodox,” and thus become eligible as a member of the British Medical Association.

The orthodox proposition is, that *Bromide of Potassium* “stimulated” the *healthy* skin-structures of an epileptic patient, and *diseased* it by generating therein confluent Acne. The orthodox therapeutic inference is, that the skin-structures of another patient, *diseased* by severe Acne, generated in his constitution by an unknown morbid process, was *cured* by the same salt, because it “stimulated” his skin-structures.

An inference may be false, although the premises may be incontrovertibly sound. In this instance, however, like thousands of others found in “orthodox” medical works, the soundness of the premises cannot be questioned, simply because there are none. To affirm that a *diseased* skin was *cured* by the same agent that generated in a *healthy* skin an eruption similar to the eruption it *cured*, and to ascribe both, or either, of the results to “stimulation,” is simply to ascribe an effect to a cause that had no existence. *Bromide of Potassium* in no sense whatsoever has the power of stimulating the human skin. It has not, that is to say, the power to force or excite the physiological functions of the skin to preternatural action. And if it had thus, or in any other sense, stimulated

the skin-structures of both patients, who, save a sectarian constrained to hold and to follow the precepts and opinions of his sect, would ever assume that because *Bromide of Potassium* "had the power of stimulating the skin-structures," it both caused and cured Acne? Bound, literally bound, however, to interpret the correlation of these two facts according to the prevailing custom of explaining pathogenetic and therapeutic results by means of certain terms constituting an interpreting code, the Society lost the invaluable truth this clinical accident thrust upon them, although it made the plainest appeal, not indeed to their scientific attainments, but to their common sense, and to their honesty. A technical expression representing *nothing* was accepted, as though it really directed their minds to the true and practical insight of the correlation of two facts, whilst, if they had been apprehended and fairly dealt with, in a few years the mortality of the United Kingdom would have been reduced to half its present average. To believe that the ever-varying operations that occur in the human organism are capable of being apprehended and interpreted by a few technical phrases, venerated, no doubt, because ancient and universally used, but which nevertheless constitute the vitiating element of allopathic practice, is to believe that we can legislate for Nature, and constrain her to submit to us, and to change her laws and expedients, in order that they may agree with our parts of speech. But she alone will ever be our only lawgiver, and the two facts we are considering set before us Nature's own *law*, whereby in her own way only she is enabled to get rid of diseased states that very frequently obstruct her normal course. But, as already observed, the interpretation of clinical facts by means of conventional phrases is so easy, so expeditious, so acceptable, and so "*orthodox*," that the physician who read the details of this case to the members of the Clinical Society at once recurred to a technical term, and all "*elected*" to believe that the word he used interpreted not the genesis only of the two facts, but their correlation also. The pathogenetic action of the *Bromide of Potassium*, whereby Acne was generated in a *healthy* skin, is made to consist of *stimulation*; the curative or therapeutic action of the same *Bromide of Potassium* in a skin *diseased* by a similar eruption is also made to consist of *stimulation*!

We are from earliest infancy predisposed to assign imaginary attributes to names, and especially to technical terms. This propensity will, moreover, continue *throughout life*, and,

unless we at last learn that if the *words* we use in talking about an object or phenomenon do not correspond with and express the attributes they really possess, we shall throughout life be mere traffickers in assumptions. We may know very little about the matter; then let our words, as near as possible, represent only as much as we know; or let them, if we know nothing, represent our ignorance. Words are not material facts; they can only *represent* facts, and do so only when all that which we mean them to represent really exists. Certain phenomena, or certain experimental results, must frequently be designated or be represented by some word or words. But owing to the ancient and "orthodox" use writers and lecturers have made of medical terms and phrases, few of them bear in mind that parts of speech not only cannot in any way act on or change the nature of things or states, but that the *name* itself is exceedingly apt to react on the understanding in a way, as just observed, which induces many to conceive some sort of explanation, or theory, or knowledge, suggested by the name or verb used.

"Words impose on the understanding in two ways. Either they are the names of things which have no existence"—as in the case before us, where *Bromide of Potassium* is assumed ("proved") to have the power of stimulating the common integument—"or they are names of actual objects, but confused, badly defined, and hastily or improperly abstracted from things."¹

"In this manner," observes J. S. Mill, "names creep on from subject to subject, until all traces of a common meaning sometimes disappear, and the word comes to denote a number of things, not only independently of any common attribute, but which have actually no attribute in common, or none but what is shared by other things, to which the name is capriciously referred. Even scientific writers have aided in this perversion of general language from its purpose, sometimes because like the vulgar they know no better. To what a degree this loose mode of classing and discriminating objects has rendered the vocabulary of mental and moral philosophy unfit for the purposes of accurate thinking is best known to whoever has most meditated on the present condition of those branches of knowledge."

Take the familiar term "inflammation." It is talked about, preached and lectured about, and treated therapeutically, totally without discrimination; as if it were of no importance differently to connote, e.g., gouty, rheumatic, syphilitic, or traumatic inflammation. The terms "sthenic,"

¹ Bacon.

"asthenic," "tone," "want of tone," and many others, are liable to the same disastrous use.¹

It is admitted that these and other organic states, owing to our ignorance of the essential nature of things, cannot be scientifically connoted, save in an imperfect manner; but they are nevertheless entitled to such a connotation as shall at least prevent the mind from thinking of half a dozen organic states as if they were all identically one and the same.

Another very prolific source of error is due to the way in which teachers and lecturers in the medical schools persist, not in omitting to connote, but in connoting in an arbitrary way all the various articles of the *Materia Medica*. Thus, scores of mineral and vegetable substances are all called stimulants, tonics, sedatives, alteratives, much too indiscriminately. I say too indiscriminately, but the truth is, that as long as remedial agents are named or classed by means of a connotation that sets forth their supposed action in the human organism, physicians and students *must* continue to deceive *themselves*, as in the instance we are now considering.

Now there are hundreds, perhaps thousands of agents, that might be qualified as stimulants of the skin-structures: I mean in the vague sense in which the word is systematically used in the schools. The common integument may be "stimulated" topically or by ingestion. But the organic states brought about by these two ways must be very different. One acts on the skin from behind, as it were, after it has itself undergone, and after it has caused, a series of complex changes, which commenced in the stomach, where it was chemically acted on by normal or abnormal secretions. The stimulation caused by the topical application, *e.g.*, of cayenne pepper must be a much simpler process. But no two "stimulating agents" whatever "stimulate" the skin in the same way, causing the same identical organic changes in that tissue. Ignoring all this, both the lack of knowledge and the necessity at least of some discrimination were set aside, and are *systematically* set aside, by the word "stimulant." And although the word did not really apprise the understanding of him who used it, or of those who listened, of anything approaching to a knowledge of the pathogenetic state and therapeutic result they were discussing, the word was nevertheless accepted as a substitute for knowledge, and

¹ See note at the end of this article.

succeeded in further educating their minds into believing that the assumptions of a system of logo-pathology and of logo-therapeutics constitute a system of "rational medicine"!

"The human understanding, when any proposition hath been once laid down, either from its general admission, or belief, or from the pleasure it affords, forces *everything else to add* fresh support and confirmation, and although most urgent and abundant instances may exist to THE CONTRARY, yet either does not observe them or despises them, by some distinction, with violent and injurious prejudice, rather than sacrifice the first conclusions."¹

The general proposition offered to us in this instance is, that certain agents stimulate certain tissues, and that when such agents are given in order to stimulate a diseased tissue, the stimulation of the said tissue cures the disease. And thus without deeming it necessary even to ascertain whether the salt in any sense *whatsoever* really did stimulate the skin at all, both the pathogenetic and curative action of the *Bromide* was at once attributed to its "stimulating power over the skin-structures."

Intelligent men, devoted to study and observation, are so stupefied from having been brought up systematically to treasure and to traffic with words as though they were coins and not counters, and the medium is so acceptable, that the abuse of names which flatter "orthodox" physicians into believing that they possess knowledge they do not possess, or that certain names denote organic states that do not even exist, is increasing rather than diminishing.

That every member of the medical profession, with a few exceptions among the deluded vivisectors, values clinical experience is undoubted; but it is equally true, that as long as morbid states, failures, and successes are described or accounted for by a set of technical terms, so speciously put together as to constitute a system that consists only of conventional phrases, the successful allopathic treatment of diseases is only the result of some lucky accident.

No truth, whatever it may be, should be forced to fit into a theory or system. Our endeavours should tend rather towards an attempt to ascertain if our theory or system, if we have one, can interpret or receive the fact we are investigating or have investigated. The subserviency to names, however, with arbitrary attributes is so abject that they continue greatly to "assist more in confirming and rendering inveterate the errors founded on common notions,

¹ *Novum Organum.*

than in searching after truth, and are, therefore, more hurtful than useful."¹

No therapeutic theory, "determined in argument, can ever assist in the discovery of effects," because Nature will neither suspend her laws to please us, nor change them to suit the language we use in discoursing about them. "Words may force assent," but they cannot act on or change the laws of matter, whereof we are not the masters, but rather the necessitous suppliants.

The same must be said of "anticipations" or foregone conclusions, which, as in the instance we are examining, are "assented to much more readily than interpretations, because being chiefly deduced from a few instances, and those chiefly of familiar occurrence, they *immediately* hit the understanding and satisfy the imagination."¹ Hence it is, that although "all the capacities of all ages have united and combined, and transmitted their labours, no great progress can be made" in the interpretation of morbid phenomena, and especially of therapeutic facts, by a system of conclusions based on the name of a disease and on a name supposed to connote the virtues of a drug, "because the radical error, and those which occur in the first principles of the physicians' mind, are not cured, but rather confirmed by the *accidental excellency* of subsequent means and remedies."¹ To base a therapeutic indication, or to explain a therapeutic result, by simply talking of the stimulating or supposed stimulating effects of a drug, is simply substituting a jingle of words for the *law* whereby *Bromide of Potassium* cured a case of obstinate Acne.

Now the editors of the allopathic medical journals can perceive nothing in all this but peculiar views, odd fancies, etc., or perhaps something less honest than either. Not because any trouble has been taken to ascertain whether their or anybody else's "views" are fallacious or true, but because sectarians are mentally unable to believe in anything but what emanates from one of themselves; fortified, moreover, by always bearing in mind that their sect is led by the most approved and "orthodox" teachers.

"But when a system of errors is agreed to and accepted by all, and all work together on the basis of that system, the fallacy of the whole is seen by *very few*, because foregone conclusions are sufficiently powerful in producing unanimity. Even if men were to

¹ *Novum Organum.*

become uniformly mad, they might agree tolerably well with each other."¹

Let us now see what a physician, not bound to register his clinical experience under a score or so of technical terms, could learn from the therapeutic fact accidentally brought to his notice. He prescribes *Bromide of Potassium* in the hope that it will alleviate the sufferings of an epileptic patient. When the system had ingested a certain quantity of that salt, this patient's previously healthy skin throws out a confluent eruption, which has received for its sign the word Acne. I do not say that the eruption is known by the word Acne, because I wish the student to remember that a name—e.g., Acne—is nothing else than a sign, whereby the external appearance of that morbid state is presented to our mind. Nothing more. On another occasion, in the course of his practice, the same physician is called upon to treat another patient affected by what he believes may be a nervous cough, but whose skin is diseased by an eruption similar to the eruption generated in the epileptic patient by *Bromide of Potassium*. To this second patient also, in the hope of curing his nervous cough, he prescribes *Bromide of Potassium*, and unexpectedly cures his diseased skin. If not bound, through fear of the *camorra*, to account for this unexpected cure by means of certain words, he would at once, without any particular effort, begin to think, and in due time endeavour to ascertain if the cure might, or might not, have been effected by the well-known law, that two bodies cannot occupy the same space. Not afraid of the obloquy of his colleagues, nor of the abuse of editors of "orthodox" medical journals, he would soon recur to experiment, to prove if he could cure a few more morbid states by a pharmaceutical agent capable, as the *Bromide of Potassium* had done, of generating in the healthy human body morbid states similar to those he wished to remove.

The aversion to this experimental course, however, which has been urged on the medical schools for very many years, is so strong that it can only be accounted for by the enmity natural to mankind to first principles, moral and physical. As regards the practice of physic, the recognition of this particular primary fundamental law would at once co-ordinate the zeal, sanctify the devotion, and bless the heroism of many physicians, and enable them to sift and to

¹ *Novum Organum.*

separate the deleterious admixture of truth and error heaped together and venerated for more than two thousand years.

The organism generally, or any one organ in particular, cannot harbour *two* morbid states so similar that they must seek and attack the *same histological elements* of any one organ or tissue. This is physically impossible, and has never happened. The human skin cannot admit and be diseased by two *Acnes* similar to each other, one generated, *e.g.*, by *Bromide of Potassium*, and a similar one generated by the organism itself. This explains, and in this consists, the correlation of the pathogenetic fact and the therapeutic result brought about by one and the same agent, as recorded—or it may with equal truth be said, entombed—in the first volume of the Clinical Society of London's *Transactions*.

The *Bromide of Potassium* was therapeutically homœopathic to the *acneous* skin of one patient, and removed it, because it is a salt capable of generating, and did generate, *Acne* in the *healthy* skin of another. Now this therapeutic law took its own independent course, and brought about its own result, and will always do so, totally irrespective of any anatomical, pathological, or physiological knowledge mankind possess or can ever possess; just in the same way that chemical affinity or any other cosmical *law* exists and acts independently of all or of any amount of chemical or physical knowledge we have attained or hope to attain regarding the nature or attributes of matter.

NOTE.

The following is Dr. Sanderson's definition of inflammation:—

“Inflammation is a succession of changes which occur in a living tissue when it is injured, provided the injury is not of such a degree as at once to destroy its structure and vitality.”

It is at the very least misleading to say inflammation *is*. But the whole definition is inaccurate and redundant. Perhaps Dr. Sanderson meant to say that *traumatic* inflammation *manifests* itself by a succession of changes *that* occur in animal tissues, provided the injury is not of such degree as to at once destroy its structure. Definitions should be as exact and as concise as possible; I say, as much as possible, because at best they are all more or less unsatisfactory, and very often misleading. But let all this pass. A vivisector's mind and purposes are too perverted to admit of his seeing

things as they are, or of admitting the existence of forces and states that *cannot* be seen. Moreover, every vivisector I have ever known has openly proved that he "did not like to retain God in his knowledge, and that God had given him over to a reprobate mind, without understanding, implacable, and unmerciful."

About this definition, however, but not about the various sorts of inflammations we are called upon to treat in private practice and in hospitals, Dr. Sanderson discourses for about sixty-five lines of small print. No remedial means need, of course, be talked about. For curing diseases according to the indications afforded by a definition, we are left, with the definition in our pocket or in our memory, to do the best we can with all kinds of inflammations, in different stages, different ages, different constitutions, and in different organs, not in rabbits, but in human beings. With this definition, the "outcome" of vivisection, we must do the best we can; with strumous, gouty, rheumatic, and other inflammations, cerebral, pulmonary, hepatic, etc., etc., the definition has nothing whatever to do.

Farther on the vivisector proceeds to discourse on the mode of origin of inflammation in non-vascular tissue.

"Keratitis cannot now be understood as a perversion of the natural act of nutrition of the parts."

To prove this utterly useless theory (for it is nothing more) the vivisector does not proceed to examine sick people, but refers to some horrible experiments with setons and caustics, applied to the eyes of poor innocent and helpless rabbits. Of this fiendish practice of vivisecting animals—a practice which violates common-sense, violates the order of nature, increases the groan of creation, and insults the Creator by assuming that He has ordained that to obtain the knowledge He has destined mankind to acquire they must vivisect another and an innocent class of His creatures—about this practice, I say, this vivisector, whether he believes it or not, shall know more in the next world than he does in this.

Farther on Dr. Sanderson discourses—

"On the origin of inflammation in vascular parts, in such parts which have been damaged by heat or cold, inflammation comes into existence *d'ambée*."

"To prove this," says the vivisector, "it is desirable first to select for the purpose agents which in accomplishing their work leave nothing behind them excepting the damage they have done."

Undoubtedly so; otherwise it would be necessary to pass some time in a hospital in order to find out something about inflammations that do *not* come into existence on the first onset, but come into existence in *all sorts* of ways, and from *all kinds* of causes. But vivisectors excuse themselves from making any sort of distinction between experiments and *experience*. To prove his assertion, however, Dr. Sanderson refers to the following experiment. Arrest the circulation in the ear of a rabbit, and hold it in hot water. "The result," we are assured, "is in the highest degree worthy of our attention." Of whose attention? To us who go about trying to cure sick people as fast as we can the experiment presents this manifest inconvenience: we have nothing to do with inflammation in rabbits. The inflammations we are called upon to attend to are not caused by arresting the circulation by ligature and then keeping the part in hot water. As before observed, we have to do with inflammations of quite a different nature—acute and chronic, in all sorts of constitutions, acquired or generated, in all sorts of unknown ways, and in all sorts of organs—excluding, however, the external *healthy* human ear, artificially inflamed, first by ligature and then by hot water.

The reader will find Dr. Sanderson's lectures in the first volume of the *British Medical Journal*, 1883.

As a fair specimen of the stultified way medical journalists and medical men make use of names meaning absolutely nothing, read the following:—

"My results tend to ratify a preconceived idea of my own, which I held *in primis facis*, viz., that chronic insanity is essentially of an asthenic nature; or rather I should say, that in the great majority of cases of chronic and advanced insanity, especially when it is accompanied by consecutive dementia, it appears to me there is a certain amount of asthenia."—See *West Riding Lunatic Asylum Medical Reports*, 1873.

This vivisector writes as if he had been able to take a peep into the brains of a score or so of lunatics, and had obtained a good view of *asthenia*.

But what does it all matter? Assertions of this sort always succeed in bringing the writer somewhat to the front, and please subscribers and patients very much when they come thus to know what a clever man they have to do with. And besides, "words are the money of fools."

NOTES BY THE WAY.

By Dr. USHER.

Noises in the Head.

AN old lady nearer seventy than sixty, who has been accustomed all her life to use her brain actively, has been terrified with the most persistent noises, always in the occiput, never in the ear. They come without warning, and leave without apology; there is not any cardiac cause; occasionally bloodshot eyes; sleepless of course when the noises come on. The rush of blood suggested *Phosphorus*, and in the 6th potency. It was given, one pilule at eleven, three, and seven o'clock. She found immediate and permanent relief; occasionally she had erysipelas of the face.

Fistula Lachrymalis.

An old case and stubborn. When first seen the sac had opened and mucocele was established, the lower eyelid (right) was badly ectropic, and the caruncle inclined to grow into a cockscomb-like substance. She had *Phytolacca* some time, with temporary improvement. I then gave *Phos.* 6, with prompt benefit; the local action on face, the pallor, and debility of the woman, and the bleeding look of the whole, pointing to the remedy. It is a good face medicine. Why is it that our last choice is often best? We do not get the genius of the remedy, as Dr. Claude puts it; or rather we forget it in our diversions. Firmly as I believe in key-notes, I would gladly see another book by our friend Dr. Skinner—"Clues, or How to Spot the Remedy: Way-posts to the *Materia Medica*."

Deafness.

Here *Phos.* 6 gave us good help. The mischief was due to scarlet fever. Lottie S., five years old, deaf twelve months, left ear. Otorrhœa foetid; hears better on bad side. *Hydras.-Can.* 3x. March 5th, *Hydras.-Can.* 2x; hears better left side. *Sulph.* φ, gtt. ii. to last the week. April 2, *Phos.* 6, vj. May 21, has heard as well as ever, until she got a cold, when deafness returned. *Merc.-Sol.* 3x trit., six powders, half night and morning, to be followed by *Phos.* 6. July 16th, hears very well; tonsils large; *Calc.-Phos.* 12. A steady persistent use of this medicine, occasionally suspended, will reduce very large tonsils, and restored health will do the rest. *Calc.-Phos.* did so here. It takes a long time, I allow, but I would as soon

think of dissecting out a gland in the neck because it was enlarged, as to remove an offending tonsil. Food and medicine *versus* the tonsillotome.

A child gets bald patches on the head, the dreadful offspring of some long-named parasite, but a look at the child tells us that ill-health is there. Cure that and the patches reclothe themselves with hair. *Calc.-Phos.* 12 will do the work, you need not go higher or lower. So it is with those disturbances of nutrition caused by teething (*otorrhœa, e.g.,* as pointed out by Dr. Cooper) and cured by *Calc.-Phos.* There seldom is pain, and I lately had a case where it was in both ears, and bloody, a coming molar being the cause. The tonsils are enlarged and the mouth open, due, perhaps, not a little to the painful pressure the closed jaw makes on the gums. Certain it is that the open mouth, damp weather, and enlarged tonsil, go together, and if you can tutor the patient into the way of mouth closure, a good beginning is made.

Post-Scarlatinal Deafness and Otorrhœa.

Master T., aged ten years, badly deaf, debility marked. He was a washed-out-looking boy. Otorrhœa offensive to himself and others, both ears. This seemed just the case for Flitwick water, and he had gtt. x. ter die. The first report after this was, personal health better, more bright and vigorous; otorrhœa not so copious in right ear, but far from well; left ear quite well, deafness somewhat improved." The subsequent history was perfect restoration, and the present time is nine months since the last prescription. Since then discharge of one ear recommenced, and is offensive. *Hepar Sulph.*, 3x trit. And in a further letter the father adds that it is usual with a return of the cold or stomach derangement to have a renewal of the discharge slightly. He is now, July 28th, "quite well and getting fat."

Functional Cardiac Failure.

April 13, 1885, Mrs. K. came to me; she had had a very bad labour at half time, requiring manual and instrumental aid, and the shock was of a very severe order. Her pulse was regular but very poor, and indicated nothing of the tumults that agitated her heart—a phenomenon, I take it, not often observed. The sounds could not be distinguished. If ever there was such a case as chorea of the heart, this was one. The sensation of *trembling* in the heart was terrible;

she could get no sleep. The action of the heart was like a mad effort to keep things going, and I never saw a case where the story of the heart was less told than by this woman's pulse. From April 13th to the 27th there was but little amendment, but May 4th found her much improved. *Spigelia* 1x was her prescription; on the 11th I changed it to the 2x. May 18th.—She could now lie on the left side, a thing before impossible, for the agitation was increased by it. May 25th.—*Spigelia* 12. Much better; heart quiet. This medicine was continued to June 8th, when the sounds were distinct, and showed but little evidence of the turmoil she had passed through. She was depressed, and occasionally the heart would seem to stop. *Aurum Met.* 12 removed this disagreeable sensation. She had taken the *Aurum* from June 15th to 20th, and now she looks beaming. Insurance people would have rejected her, but they are not always wise. The future history might justify the act, but I have seen cases of this kind done with injustice to the person, because, as a rule, insurance companies will fall back on the mistakes of others. A patient of mine, rejected many years ago, has lived to 77, to testify against them; another, known to me, was rejected because of family history by four offices, and accepted by the fifth, and I know him to be a most careful man as far as his health is concerned.

Ulceration of Cornea.

The rate at which the process goes on in different individuals is very noticeable. In one the cornea seems to be indifferent as to the result and is lazy; in the other it is like a wounded gooseberry, ready to protrude and leave its skin behind. F. K. was such an one. His parents, attracted by the enlarging and spreading white spot, sent him to me. At first sight it looked an easy task, but soon the little cloud presaged the deluge, and after the second interview it was a case for daily inspection—a large and dangerous hypopion, on the point of bursting. As soon as they saw the danger a second opinion was asked for, and I expressed my ability to bring him through single-handed; but it was a venture. A thick band of vessels soon ran from the corneal edge, where there was a bright red zone. It was very wonderful to see these scavengers of mercy multiply, and my trusty glass, which came out of an old magic-lantern, made me an anxious and interested observer. I do not like a bandage in such cases, the eyelids are best; the bandage would irritate me, I

feel assured, and when the boy came to my surgery with his mouth open and his eyelid closed I judged it compensatory, and instructed him to shield only from bright light. He was a weakly youth. My whole nature was enlisted in sympathy for the preservation of his vision, and it was with a thankful heart I said, "Your eye is perfectly safe." The brunt of the battle was over in a fortnight, and this is a summary of the treatment:—

Jan. 8th.—*Bellad.*, *Hep.* 3x. 11th to 15th.—*Bell.* and *Sulph.* 18th to 23rd.—Pain was very bad; *Acon.* and *Hepar.* 24th.—*Silicea.* 27th.—*Silicea* and *Rhus Tox.*; then I feared suppuration of globe and total collapse. 29th.—*Hepar* by day, *Mer.-Sol.* by night. This continued with manifest gain until Feb. 5th, when *Silicea* was left to fight the remaining leucoma. *Mercurius* was the most helpful, the 3x quite equal to the attack.

Savants say that *Merc.* and *Silicea* are bad friends. I find them only so in books; and the same is said of *Hepar* and *Mercurius*. A little while back, a servant with a painful whitlow was sent to me. I gave her what I took to be *Hepar*, forgetting that the bottle was marked *Hep.* and *Merc.-Sol.*, mixed by accident. The lady was surprised at the quickness of the relief and cure. Try it yourselves when the next whitlow turns up. Some wines are better for mixing, perhaps medicine is none the worse for it. There is a very suggestive hint about the *Bromides of Potassium*, etc., in the last quarterly *North American Journal*, which I grieve to say is the last. The pain, worse at night, led me to *Mercurius*. There was little photophobia, but much lachrymation, as might be expected. When the outer edge of the ulcer gets transparent, as seen by your lens, you may be sure the remedy is well chosen.

Lorne Villa, East Hill, Wandsworth.

A CRITICAL ANALYSIS OF THE CYCLOPÆDIA OF DRUG PATHOGENESY.

By E. W. BERRIDGE, M.D.

(Continued from p. 356.)

ACIDUM CARBOLICUM.—Before examining the provings as given in the *Cyclopædia*, I will call attention to the fact that out of sixty-six provings or poisonings mentioned in Allen's *Encyclopædia* (one of which, however, he marks as "omitted")

the following are not to be found in the *Annals*: Nos. 9, 12, 22, 24, 25, 28—34, 36—40, 44—59, 61—66; and all these, with the exception of Allen's No. 24 (given in *Cyclopædia* as No. 18), are omitted in this latter work also. I am aware that the *Cyclopædia* only professes to give, in the case of "virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them;" but at the same time this seems to me to be an error. Not only does it establish an arbitrary, but unreal, line of demarcation between provings and poisonings, but it also robs the work of a most valuable feature—viz., its utility as a standard authority in medical jurisprudence. I should prefer to see every case quoted in full, with the sole exception of those which are so vaguely described as to be a mere repetition of generalities already recorded in the work; or if this should prove impracticable, a reference to all omitted cases should be given, so that the work should be, if not in the truest sense a *cyclopædia*, yet, at any rate, an *index* of all that is known of the pathogenetic action of all substances whatever. Moreover, this intentional selection of only a limited number of cases of poisoning hardly accounts for the omission of Nos. 9, 22, 46; nor have I been able to discover in the *Cyclopædia* Dr. J. C. Morgan's two provings recorded in *American Journal of Homœopathic Materia Medica*, viii. 435.

The first proving of *Carbolic Acid* recorded in the *Cyclopædia* is one by Dr. Bacmeister, who took the first and twelfth potencies. Not having the original monograph, I can only compare it (as well as several others) with the version in the *Annals*. The complete account, as given in *Annals*, says that five minutes after the first dose (five drops of first potency), "while walking outdoors, feeling of expansion (of lightness) in lungs, also in nasal passages; respiration free and deep; inclination to take a long breath." The *Cyclopædia* merely says, "Sense of freedom and expansion in lungs," thus omitting the important condition that it occurred "while walking outdoors," and also the perhaps still more important symptom that the sensation was felt not only in the lungs, but "also in nasal passages." The *Annals* says that after twenty minutes there was "smell more acute, very decidedly; soon after watery discharge from both nostrils while in open air. When indoors it ceases; comes again after entering a cold room." The *Cyclopædia* entirely ignores the "acute smell," even though this symptom is said to have been "very decided," and also

the "watery" character of the coryza; while it absolutely falsifies the conditions of the latter symptom, averring that it occurred "in open air only," whereas the *Annals* states that it also recurred "after entering a cold room." The *Cyclopaedia* gives after one hour "frontal headache, slight," thus omitting the side affected, which is recorded in the *Annals* thus—"aching in forehead, left side." Lastly, the symptom in *Annals*, "after two hours, while sitting, a crampy stitch in left inguinal region," is unwarrantably condensed in *Cyclopaedia* into "crampy stitch in left groin (2 h)," the special condition under which it occurred being omitted. Thus every one of these symptoms is erroneously given.

Dr. Bacmeister's second dose was five drops of twelfth potency. The *Annals* records, "soon after slight heat of face and forehead, especially left side, with pressure in left temple, seemingly on the surface of the brain." This the *Cyclopaedia* changes into, "very soon slight heat in left face and forehead," thus introducing the unauthorised word "very," omitting the "pressure in left temple, seemingly on surface of brain," and making the heat to affect the left side of face and forehead only, instead of especially. The next symptom, "electric sparks," etc., is condensed, but the meaning is preserved, except that the time at which each change of symptom occurred is not clearly expressed. "After dinner, long continued hiccup" should be "in afternoon, after dinner," etc.; and "in evening, entire disinclination to study" should be given as a separate symptom, and read, "Evening, entire disinclination to study; what he had accomplished seemed very trifling." The *Cyclopaedia* next gives us, "Two days after, swelling and soreness of left cheek, opposite molars;" whereas the *Annals* says, "Two days afterwards, swelling and soreness of internal side of left cheek, opposite the molars; the cheek is in the way of the teeth when biting (the whole day); so that the *Cyclopaedia* neglects to state whether the swelling was internal or external, and omits the important symptom of "biting the cheek." The *Cyclopaedia* also entirely omits "aching pain to the left of middle of left shin-bone;" and the symptom "two natural stools per day, which is very unusual with the prover, having generally but one passage in two days," is obscured in its meaning by the rendering, "motions much freer than usual," a phrase which might mean loose evacuations, whereas the proving distinctly states them to have been natural, though more frequent than usual.

The second proving in the *Cyclopaedia* is a threefold experiment by Dr. T. S. Hoyne, printed in small type in *Annals*, but in ordinary type in *Cyclopaedia*. The first dose (five drops of 6th potency) was taken at 2.40 p.m. The *Annals* gives the following detailed account of the effect thereof:—"A few moments afterwards, aching in teeth of right upper jaw; tingling-itching in little finger of right hand, soon after in the left; drawing pain in left arm from shoulder to elbow (transient). Pain in great right toe, as if pressed upon; aching pain in right shoulder when bending forward; sensation as if the stomach was filled with wind, which ought to come up. Nasty taste in mouth; burning pain in top of head; drawing pain in jaw, right side. Itching of scalp, first on right side then on left. Burning pain in left eye (transient). Wind in stomach very troublesome, better after raising a sort of sweetish-sour fluid. Itching of inner part of thigh and scrotum, relieved by scratching, but it soon returns. Aching pain in forehead (transient); constant tired, heavy feeling in left arm. 3.15 p.m.—Yawning; slight nausea in throat. The pains seem to affect the right side first, and afterwards the same parts of left. Itching of left shoulder and right cheek. Itching of right ear. Itching of right cheek, and sharp pain about centre of cheek as if bitten by a mosquito; so sudden and peculiar was this pain that I expected to find something had really bitten me. Incessant yawning. Dull pain through forehead. Pulse accelerated, 82. Beating pain in right side of head. Head hot; regurgitation from stomach, which tastes like buttermilk and cabbage. Aching pain in right hip (transient). The head pains are the most severe, and are worse on right side. Burning pain in right temple and top of head. 3.40 p.m.—Pain worse in right side of head. Headache disappears while moving about, but the eructations become more frequent. Aching pain in right ankle, and in lower part of abdomen. 5 p.m.—Heaviness of head when leaning forward. Contracting pain in palm of right hand. 5.45 p.m.—Pulse 68, rather low. All the symptoms have disappeared except burning pain in top of head. No appetite for tea. At 7.30, when blowing nose, the mucus was bloody, bright-red blood. Slept well as usual, but dreamed of travelling, which is unusual. Jan. 21st.—Expectoration of a large quantity of thick whitish mucus; lameness and soreness of right shoulder when walking; nausea most of the morning; headache in forehead of a neuralgic character; eructation of

tasteless air. After dinner felt well. Jan. 22.—Desire for stool all day, though I had had a natural movement in morning. Emission of large quantities of putrid flatus."

Such is the original as quoted in *Annals*. The *Cyclopædia* gives only the following:—"Slight and transient drawing pains, or tingling-itchings, were felt in various parts; but there was a more persistent burning pain in vertex and right temple, with much flatulence and eructation, and at one time incessant yawning. Bright-red blood was blown from nose in evening." Not only are symptoms here omitted wholesale, even such an important symptom as the general transference of pains from right to left, but the condensation itself contains fabrications. The *Cyclopædia* says that the drawing pains were "slight," which most unwarrantably minimises the force of the original description, in which the word "slight" does not occur; some symptoms are indeed said to be "transient," but a transient symptom may be acute, as may be seen in Dr. Hoyne's third proving. Again the *Annals* states that it was only the burning in vertex that was "more persistent" than the other pains, and not the burning in right temple also, as erroneously stated in the *Cyclopædia*. Also the symptom, "much flatulence and eructation, and at one time incessant yawning," was not simultaneous with the burning in vertex and temple, as stated in *Cyclopædia*; both are given in *Annals* as separate symptoms. Finally, "bright-red blood was blown from nose in evening" is incomplete; the *Annals* states that it was accompanied by "bloody mucus."

Dr. Hoyne repeated the dose at 5 p.m., Jan. 30th. The result according to the *Annals* is as follows:—"In a few moments, transient pain in muscles of right thigh; tingling in left great toe, followed by a feeling as if pressed on. Stomach seems full of wind; belching up of wind; aching pain in stomach; dull feeling in head. 6.15.—Pulse 82. Short hacking cough, with tickling in throat; aching pain in left arm and right wrist; head feels sore when moving it; itching of scalp; neuralgic pain in left side of head. Stitches in region of heart; dull aching pain in left temple and back of head, when leaning forward. Left side of larynx very sore when pressed on, not true of right side; itching inner side of left knee; itching various parts of body, right thigh, buttocks, back, shin, etc. Incessant yawning; constant inclination to cough. 5.30.—Pulse 75; sharp pain in right shin; slight uneasy pains in right lung; itching of right forefinger; dull, uneasy feeling in stomach; belching

up of wind; emission of fetid flatus. Dull aching pain in back of head and right side and temple. The pains in head are constant, and similar to those I felt when making first proving. Transient pains in right hip; itching of left elbow. 5.50.—Pulse 68; feel dull and stupid; back of head feels sore; pain in throat on swallowing; irritation of throat, causing a short dry cough. 7.30.—While smoking, after tea, the head pains are very much better; lameness in back of neck and shoulders. The throat was better for a while also, not so sensitive to pressure. Transient aching pain in right hip and left knee. 10 p.m.—Slight chilliness while sitting in a warm room (74° F.) During evening felt unusually cheerful. Rumbling in bowels; a feeling as if diarrhoea would come on after walking about. Jan. 31st.—Slept well, but dreamed of fire; so vivid was the dream that I was awakened; I found that I was feverish, though window was open and room quite cold. In morning awoke with a hard headache, confined to upper part of head. I passed urine more often than usual during night, but observed no change in colour. Chilly sensations while at breakfast. 9 a.m.—Chilly sensations; pulse 78. Headache disappeared soon after breakfast. During the day the urine was increased in quantity and had a very strong smell. 10.30 p.m.—Pulse 68; feel well. Feb. 1st.—During night had a great many dreams, some amorous, others I was unable to recall when awake. Noticed nothing of importance to-day, except occasional pains in hips and shoulders. During this proving, an acne, with which I have been troubled more or less for three years, disappeared."

The above is the version of the *Annals*. The following is the condensation of the *Cyclopaedia*:—"The pains and itchings, flatulence, yawnings and headaches recurred; there was also constant inclination to cough, and soreness on pressure of left side of larynx. He was feverish at night, and next day his urine was more copious and had a strong smell." Here again we find very many symptoms omitted, including even such characteristics as the pains affecting the body diagonally—*e.g.*, left arm and right wrist, right hip and left knee, and the relief of headache by smoking. But this is not all. Symptoms are not only omitted but perverted, an error not only of omission, but of commission. Thus the *Cyclopaedia* says, "the pains, etc., etc., recurred," implying that they were the same in both provings. But on referring to the *Annals* we find indeed similarities, but at the same

time important differences. Without occupying too much space in detailing comparisons which the reader can make for himself, I will point out the "burning pain in right temple and top of head," which the *Cyclopaedia* states (though, as I have shown, with only partial accuracy) to have been "more persistent" than the other pains in the first proving, is conspicuous by its absence in this second proving; that the relief of headache by smoking, recorded in this proving, is not to be found in the first; and that "pain in right great toe as if pressed on," in the first proving, is by no means identical with "tingling in left great toe, followed by a feeling as if pressed on," in the second. Furthermore, "constant inclination to cough" is a very imperfect version of the threefold description of the cough in the *Annals*. Lastly, "Soreness on pressure of left side of larynx" should be "very sore, etc., etc." "Urine . . . had a strong smell" should be "a very strong smell," and the nocturnal enuresis is altogether omitted.

The third dose was five drops of 3rd at 3 p.m., February 4th. The *Annals* gives the following result:—"In about fifteen minutes soreness of throat on empty deglutition; very sharp stitches in throat; aching pain in left forearm; pressing pain in left ear (transient). Burning pain in lower part of abdomen and top of head; itching of left elbow. The pain in throat grows worse and worse, the pain coming on every few moments; the pain is sharp and pricking. Pressing pain in left great toe. 3.20.—Itching of back of neck and nose; aching pain in right side of head. Belching up of large quantities of wind. My head aches constantly. The pain in ear returns from time to time. Constant belching up of wind. 3.35.—While writing, the letters seem to run together, so that it is with difficulty I can read what is written. 3.45.—Aching pain in both hips; anus itches, and feels as if the skin were rubbed off; itching about left hip. A sensation just below knees, on shin, as if the part were touched with a piece of ice. 3.55.—Pulse 84, small. Itching of face. 4.0.—Aching pain across small of back and in lower limbs. Rumbling and rolling in abdomen, with a sense of distention. Feel as if the gas in abdomen was incarcerated. The soreness in throat has passed off at 4.10, except when swallowing, and pressing on upper part of larynx, worse on right side. Neck feels lame and stiff when moving head. 4.20.—Soreness of muscles of right arm; tickling in right nostril, with sneezing. 4.35.—Intense burning itching of genitals; acute but transient pain in right

shoulder-joint. 4.50.—Itching of outside of thigh and of genitals. Headache worse when bending head forward. 5.0.—Burning pain in eyes, worse in left. 5.30.—Pulse 86. 5.50.—Dull aching pain whole left side of chest and abdomen, running around to shoulder-blades. Itching of scalp and lower part of abdomen, as if bitten by something. Throat sore only when swallowing. Constant belching up of wind from stomach. 9 p.m.—Beating pain, with a humming sound in both ears. Emission of large quantities of flatus all the evening. February 5th.—Slept well last night, but woke often; no dreams; very severe aching pain in right hip-joint, felt only while walking, not when sitting still. February 6th.—The pain in hip has gone to left shoulder-joint; though it is not very severe, I am reminded of it from time to time. February 7th.—A small vesicle formed on centre of nose to-day. February 8th.—The vesicle has been converted into a pustule, which I opened. February 9th.—The pustule was again opened this morning. February 12th.—Pustule was opened a third time, and to-day has healed up."

This proving the *Cyclopaedia* condenses into "Besides the usual symptoms, he had (15 m.) soreness of throat on empty deglutition, with frequent sharp prickings in it, and (next day) very severe aching pain in right hip, shifting to left shoulder. From 7th to 12th had a vesicle, ending in a pustule, on centre of nose." To this is attached a note, "'During this proving' Dr. Hoyne notes 'an acne, with which I had been troubled more or less for three years, disappeared.'"

Here again a large number of symptoms are omitted, even such a characteristic one as "sensation as if touched with a piece of ice." What I said above applies also to the "usual symptoms" of this condensation; they are not altogether the same. Those symptoms, moreover, which are given, are only partially accurate. The sore throat (which is moreover imperfectly described) is given in connection with the pain in hip, whereas there is no such connection stated in the original; the pains in the "hip" and "shoulder" should be "hip-joint" and "shoulder-joint," and the important condition that the hip-pain was felt "only while walking, not when sitting still," is omitted. Lastly, the disappearance of the acne is in the *Cyclopaedia* attached to the third proving, whereas it belongs to the second.

48, Sussex Gardens, Hyde Park, W.

(*To be continued.*)

LONDON HOMOEOPATHIC HOSPITAL.—CASE OF
SPASTIC SPINAL PARALYSIS.¹

By JOHN H. CLARKE, M.D.,
Physician to the London Homeopathic Hospital and Lecturer on Materia
Medica to the Medical School.

THIS disease, which has only been recently recognised, is characterised by gradual loss of power, slowness of movements, spasmoid stiffness of the limbs, especially marked in the lower extremities on walking, and great exaggeration of the tendon reflexes. It comes on gradually, affecting chiefly the extremities. Sometimes, but not often, micturition is interfered with, and there is incontinence of urine. There is never incontinence of faeces, though there may not be much constipation. The disease generally reaches a point and remains stationary for years. There have been as yet very few autopsies, but the nervous counterpart of the symptoms appears to be a hardening of the lateral columns of the spinal cord. Sensation is not affected.

In the patient whose case I am now going to relate the disease had lasted about eight months, and had progressed steadily. When he came in, he was unable to button his coat, and the "spastic" gait was characteristically well shown. That a case even in this stage may admit of great improvement, if not of cure, the result of the treatment clearly showed. The patient got so much better that he refused to stay longer in the hospital, though pressed to do so; he would go home to his work.

Thomas F. P., thirty-eight, herdsman, fair, medium size, well nourished; admitted April 12th, 1884. He complained of pain in the left arm and right shoulder, and pains and weakness in the knees. There was no swelling of the joints. His illness commenced last autumn; he caught a bad cold, and pains commenced in the shoulders and chest. Two years ago he had pains in his left arm, and then he began to lose strength in it. This has gone on gradually increasing ever since. The limb has not wasted. Has been healthy all his life with this exception. He has never had any fainting fits or attacks of unconsciousness. No evidence or history of specific disease.

He cannot do fine work; gets all of a tremble if he attempts; he cannot button his shirt. The power of gripping with the left hand is about normal, or only slightly diminished. His gait is very trembling and hesitating. There is great exaggeration of the knee-jerk on the left side

¹ From notes by Dr. Barker, House Surgeon.

and ankle clonus. Front tap contraction. The knee is very stiff, showing clasp-knife rigidity.

He was given *Merc.-Cor.* 3x, gtt. i. four times a day, and on the 14th *Kali Iod.*, gr. x. t. d., as well. On the 17th he had facial neuralgia, which subsided under *Gels. φ*, gtt. ii. On the 19th the pains in the limbs were better, but the knees were stiff, and there was no improvement in the trembling.

After this he improved steadily. On May 3rd he was walking much better; the power of the hands was much better. On the 14th he was getting on very well; had no pain at all; there was only a little stiffness in the left knee. He left the hospital on the 17th at his own request as he felt so well.

SOCIETIES' MEETINGS.

THE HOMOEOPATHIC PHARMACEUTIC ASSOCIATION OF GREAT BRITAIN.

THE members of this society held their summer quarterly meeting in the Grand Hotel, Scarborough, August 19th. There was a good representative attendance from the various pharmacies in the Midlands and the North of England. Mr. J. C. Pottage, of Edinburgh, the president, occupied the chair; and after the technical portion of the business had been disposed of, the president addressed the members present on the advantages to be derived from becoming a member of the Association. The address was very attentively listened to by the members, and at its close Mr. F. Foster, of Scarborough, said he had been much interested, and was quite sure the address was well calculated to fix in the minds of the British pharmacists a correct idea of the relative positions of the two systems; and he thought that if the address were well circulated and studied much good would result. He therefore had much pleasure in proposing, with the president's permission, that the address be printed and circulated. Mr. Cheverton, of Tunbridge Wells, had pleasure in seconding the treasurer's proposition; and on its being put to the meeting it was unanimously carried. A vote of thanks to the chair then terminated the proceedings.

The above report appeared in the *Scarborough Gazette* of August 20th. We have been favoured with a copy of Mr. Pottage's admirable address, and we wish to draw attention to one part of it more especially. The speaker was referring to the amount of work that remained to be done in bringing the

pharmacy of drugs to perfection. He urged this on the attention of his hearers in the following words :—

"Take, for instance, *Bryonia*. How little is known, pharmaceutically, of this valuable plant. The British Homeopathic Pharmacopœia orders the tincture of *Bryonia* to be made from the fresh root ; what is the nature of the bitter principle it contains ? In what part of the root does it chiefly reside ? What is the relative value of a tincture prepared from the tops and leaves ? It is in the practical solution of these questions that lies the great work of the Homeopathic Pharmacist. A boundless field for research and persevering inquiry is here presented, and the Homeopathic Pharmaceutic Association would fail in its duty if it neglected to impress this upon its members. The names of numerous plants will at once occur to you, whose therapeutic value is recognised and established, but whose active principles are still undiscovered, and wait to be isolated and localised. What a tempting opportunity to the scientific pharmacist ! A veritable Canaan teeming with golden opportunities and rich rewards ! Surely every member of the Homeopathic Pharmaceutic Association will need no second bidding, but be prepared at once to go up and possess the land. *Drosera*, *Chelidonium*, *Berberis*, *Aesculus*, *Ledum*, *Urtica*, *Verbascum*, *Ranunculus*, *Euphrasia*, *Ruta*, and a long list of others, are present to my mind, and each sparkles with possibilities to an inconceivable extent."

Mr. Pottage concluded his eloquent address as follows :—

"Having learnt from past experience that the Pharmaceutical Society is prone to withhold from chemists practising homeopathically the rights and privileges which belong to them as qualified pharmacists, and which it accords to allopathic chemists, the Homeopathic Pharmaceutic Association is always ready to defend the interests of its members against such unfair treatment, and to demand the fullest recognition of, and respect for, their rights. And, lastly, believing that real, solid success, in the practice of our profession, can only attend those who have laboured long and earnestly in the acquirement of that scientific knowledge, the possession of which distinguishes the spurious from the true—the mere dealer from the professional pharmacist—the Homeopathic Pharmaceutic Association encourages its members in their honourable calling, and ever holds before them the loftiest ideal of Pharmacy the attainment of which is the *summum bonum* of every good pharmacist."

SPECIAL CORRESPONDENCE.

MELBOURNE, AUSTRALIA.

HOMOEOPATHY in Australia is gradually and surely making headway, notwithstanding the usual opposition of trades-unionism and jealousy. We are working quietly and steadily. Twenty years ago, when I came here, there were three homœopaths in Melbourne ; now there are seven physicians and surgeons in Melbourne and suburbs. The old school is largely represented as usual. Sixteen years ago we began a small dispensary ; now we have a very fine building, to be opened next month, with room for fifty patients. My own out-patients on Wednesday morning are about fifty, and in the present old building (a report of which I send you) there are sixteen beds.

Government has seconded our private efforts most liberally, for you must know Australia is a country of fair play.

We have a capable operating surgeon (my brother, Dr. George Teague), so that we are quite independent now of outside help in extreme cases of emergency.

I need not say we are not all bound together in Hahnemann's exact lines, but make use of any available means to do good for the sick, and consequently some of us might not perhaps be deemed faithful, but we believe one and all in "*Similia similibus curantur.*"

I will forward another report of the new hospital and anything else in my power.

July 24th.

JAS. P. TEAGUE.

CHINA.

In January of the present year 1885 I made an effort to get an epitome of the mission work done in the Province of Chekiang, China. The following items may be of interest to you and your readers; if so you are heartily welcome to them. The statistics were given to me by Dr. Barchet.

Visits of native patients to the Ningpo Homœopathic Dispensary.

1876-7	5,216
1878	28,200
1879	20,800
1880	20,874
1881	—
1882	—
1883	—
1884	7,556
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Total	82,646

Total expenses for six years, including building, medicines, instruments, and servants, \$4,354 17c.

Opium patients cured in hospital (men and women).

1878	..	..	..	..	..	..	75
1879	..	..	..	..	..	..	206
1880	225
1881	129
1882	—
1883	—
1884	41
<hr/>							676
Seven of the above ran away from hospital	7
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Total	669

Dr. Barchet was the only medical gentleman in the port for the year 1884. I was informed that the above year was the

only one in the history of the place since it was made a settlement when no foreigner succumbed to climatic causes. "Captain Ching," of one of H.B.M. gunboats, was invalided home. Many of the residents thought if his medical adviser had consulted with the homœopathic doctor, he, like others, would have remained as captain of his ship in China.

R. SWALLOW.

P.S.—The following appeared in the *Shanghai Temperance Union*, June 27th :—

"Hsieh, the Intendent of Ning Shao Tai, Superintendent of Customs, has presented to the great American doctor Barchet the sum of 100dols. in support of his homœopathic hospital, and a tablet inscribed as follows:—

"‘Mutual Promotion of Charity and Long Life.’

"‘Kwang Hsü 11th year, 5th of the 5th moon.’"

Doubtless the Intendent had himself experienced the benefits of the treatment.—R. S.

REVIEWS OF BOOKS.

HOMŒOPATHY IN ITS RELATION TO THE GERM THEORY.¹

In this pamphlet, which was the Presidential Address delivered before the Illinois Homœopathic Medical Association, May 20th, 1885, Dr. Tooker criticises very sharply the modern tendency to ascribe every morbid ill to germs, a doctrine which he thinks is diametrically opposed to the dynamic theory of Hahnemann. He shows how it is expected to revolutionise the whole of medicine, quoting from Dr. Austin Flint, who said "the progressive advancement of the causes of infectious diseases would revolutionise not only etiology and pathology, but therapeutics." Dr. Tooker has little difficulty in proving this notion to be futile. He shows how all treatment founded on the germ pathology has been attended with fatal results, citing among the latest instances poisoning by corrosive sublimate used as an "antiseptic." Looked at from the therapeutic standpoint, Dr. Tooker regards the germ theory as a delusion and a snare. He concludes his pamphlet with these words:—

"What is the relation of homœopathy to the germ theory? My answer may be made as brief as the text: The relation which it as a scientific system of medicine bears to any and all correlated scientific questions. It recognises its appositeness; the necessity of investi-

¹ *Homœopathy in its Relation to the Germ Theory.* By Robert M. Tooker, M.D. Chicago: Gross and Delbridge. 1885.

gating it; it hopes for a solution of the question; it applauds the heroic labours of the noble, self-sacrificing men who have engaged in its study; but with a scepticism which is born of intelligence it declines to accept its conclusions until these conclusions are endorsed by practical results. It prefers the facts derived from clinical observation to uncertain and indefinite theories arising from speculative hypotheses."

THE PRESCRIBER.¹

As we are responsible for this work we must content ourselves with announcing its publication and appending an extract, that our readers may see the kind of work it is.

"PALPITATION.—[This is a symptom of most kinds of heart disease. The cases now considered are those where there is no structural disorder to be made out, but where palpitation is the chief trouble complained of.] Palpitation in a heart that retains its vigour, *Aco.* 1, 2h. From indigestion; worse after eating, flatulence after eating, constipation, *Nux v.* 1, 2h. From indigestion in females or blonde persons, acidity, bowels inclined to be loose, *Puls.* 3x, 2h. With excessive flatulence in the stomach after food, relieved by eructations, *Carb. v.* 6, 2h. Nervous palpitation, during the paroxysm, *Mosch.* 1x, every twenty minutes. Nervous palpitation in persons of great impressibility, worse at night in bed, palpitation keeping the patient awake, *Ign.* 1, 2h. Palpitation on the least excitement, especially at the change of life, *Lach.* 6, 2h. Palpitation with "sinking" sensation at the pit of the stomach, and great uneasiness, sleeplessness, *Act. r.* 1, 2h. Palpitation with tightness across the praecordia, *Cact.* 1, 2h. Palpitation with shooting, cutting pain in the region of the heart, *Spigel.* 1, 2h. Palpitation with full throbbing headache, flushed face, great sensibility to light and noise, *Bell.* 1, 2h. Palpitation when lying down in bed at night, *Nat. m.* 6, 2h. See also **Aneurism**, **Angina pectoris**, **Dropsy**, **CARDIAC**, &c."

NURSING AS A PROFESSION.²

THIS address, which appeared in our July number, has been reprinted, and may now be had in a separate form.

¹ *The Prescriber: a Dictionary of the New Therapeutics.* By John H. Clarke, M.D. London: Keene and Ashwell. New York: Boericke and Tafel. 1885.

² *Nursing as a Profession.* By John H. Clarke, M.D. London: Homœopathic Publishing Company. 1885.

LITERARY NOTES AND NOTICES.

DR. SALZER, of Calcutta, has in the press the first part of a work on *Periodic Drug Disorders*. He intends to present in full all such drug disorders as have shown unmistakable periodicity in the provers, the respective symptoms having recurred in the same prover at periodical intervals; or having appeared once only in each prover, but in all of them at the same time of the day and at no other. Periodic aggravations will also be included. The first part will include general and febrile periodic disorders. There will be a full introduction to the whole work containing some new views, to which the author attaches great importance, and which he expects to provoke a good deal of criticism. Dr. Salzer has kindly promised to send us an early copy.

NURSING.

DR. MAFFEY ON NURSING.

As we intimated in our last number, Dr. Maffey, of Melbourne, Australia, gave a series of lectures on Nursing in the Prahran Town Hall. The lecture was reported in the Melbourne *Herald*.

Dr. Maffey dwelt at the outset on the necessity for training for nursing work, and the great desirability of founding an institution for that purpose in Melbourne. He then went on to speak of the qualifications a nurse should possess, and insisted on the importance of observing the "Golden Rule," quoting the following from the work of Miss Catherine Wood:—

"Put yourself in your patient's place. The hasty shake of the pillow, the hurriedly-handed drink, the roughly-adjusted sheet, and a hundred and one other inconsiderate, even if not positively intended unkindly acts, by practising a little self-denial, become real comforts to a suffering brother or sister, and tend to raise the nurse's avocation to a pinnacle upon which an angel might deign to sit, and bring an angel's presence into the home of suffering and pain. Again, for the minute put yourself in his place—a sick man amongst strangers, obliged to ask for every little office from cold, unloving hands, the prospect before him of a long, restless night, wearied and too weak to move himself, no hope of change from day to day, and then surely your touch will be gentle, your manner more sympathising, and the hasty word of rebuke will die on your lips."

Dr. Maffey said that though a knowledge of washing and scrubbing was an advantage, it was not to be indulged in too freely, as apt to spoil a nurse's hands and deter delicately brought-up women from undertaking the work. This has not been our

experience. Some of the best nurses we have known have been the best scrubbers and cleaners, and their hands have been anything but spoiled. Of course it may be overdone; and we have no wish to deprive ward-scrubbers of their legitimate occupation. On the subject of the sick-room Dr. Maffey said:—

"Should the nurse be called upon to select, as may be the case, the most suitable room to nurse a patient in, she is advised to choose one which is large, lofty, well ventilated, and quiet. The matter of ventilation was fully explained, and some glaring errors depicted. The temperature of the sick-room should always be regulated by a thermometer, which no sick-room ought to be without. In ordinary cases a temperature of 60 to 63 degrees Fah. should be maintained, excepting when the patient first sits up. Then it should be kept rather warmer, as then the patient, being more tender, from recently being continuously covered by the bedclothes, is apt to be chilly. The furniture of the sick-room should be of the simplest and plainest character, avoiding all woollen draperies and carpets, especially this being necessary in cases of infectious disease. Cane or wooden-seated chairs, plain tables, a chest of drawers, and a wash-stand, are all, excepting the bedstead and bedding, which can be needed; but ornaments in the shape of pictures and flowers may be added with advantage."

Dr. Maffey then referred to other practical matters, and among them mentioned the following:—

"The regular daily cleaning of a patient's teeth during long illness was urged, as the neglect thereof often leads to decay; and it is a frequent occurrence to find persons dating the period when their teeth commenced to decay to a time when they have had a long illness; not unfrequently the medicines administered at such times are unfairly credited with this."

The second lecture was largely taken up with the subject of dietary and bathing. Dr. Maffey said that as a rule patients were not to be awakened for food; cases where there was much exhaustion were to be excepted. He urged on nurses to be particular to obtain explicit instructions on such points from the doctor, and to write them down, and also to keep a written record of the food and medicines given, and the times.

In his third lecture Dr. Maffey spoke of the undressing of patients.

"The undressing of patients should be accomplished as expeditiously as is consistent with gentleness and care, and the avoidance of exposure. Examine the patient for wounds, etc., and if there is a diseased limb, remove the clothes from the healthy one first. In serious accidents rip up the seams, and then clip the clothes from under the body. Should clothes or other matters be stuck to or pushed into a wound, do not attempt to drag them out, as you will certainly cause suffering and possibly bleeding unnecessarily; leave this to the surgeon."

On the subject of bedsores Dr. Maffey is rightly very emphatic. He

"considers bedsores a disgrace and reproach to a nurse, and very minutely instructed his class as to their prevention and dressing in cases in which they were formed. Bedsores can almost invariably be prevented by washing and thoroughly drying the parts pressed upon daily, by hardening the skin with spirit-lotion, changing the position, placing the patient upon an air-cushion or water-bed; and when these latter cannot be obtained, by placing a thick sheepskin rug under the sheet, by using small pads with circular holes in them to receive the tender part, by painting with 'collodion flexile' until a false skin is formed, by rubbing in zinc ointment where an eczematous condition of the skin points to irritation, by keeping the linen smooth, and carefully watching that no crumbs get into the bed."

These interesting lectures were very well received, and we should think cannot fail to bear good fruit.

HOW TO CHANGE THE BEDCLOTHES.

FOLD up the under sheet small and flat through its whole length, till it reaches the patient's body, then take a clean sheet well aired, and warmed if the weather is cold, and fold half of it up small and flat through its whole length; lay this folded part next to the patient, pushing before it the soiled under sheet folded in the same way; press down the mattress close by the patient and gently work the two folds, the soiled and the clean one, under the back and shoulders; raise the head and feet slightly to allow the folds to pass; by this sleight the soiled linen can be removed with the same motion which puts on the fresh piece; this being done, it only remains to pull down the sheet smoothly and tuck it in. The pillows should be changed several times a day by slipping a cool fresh one under the patient's head, and removing the warm one.

If the bed is sufficiently wide, the patient's position may be changed from one side to the other by gently turning, and never dragging him. By care in this way half the bed is always fresh and ready. When allowable an extra bed for the night is an excellent provision. The best mode of changing the upper sheet is, first to air and warm a clean one, and then make it into a roll; next, commence with it at the foot of the bed and push it under the sheet which is to be removed, and bring it up as smoothly as possible, unrolling it as it is moved up; when the patient is covered by it, draw down and remove the soiled sheet at the foot of the bed. In this way there is no danger of chilling the patient. Sheets should be changed morning and night; but if the supply is limited to two or three, these can be alternated by hanging the one taken off in the morning by a window to air

through the day for night use, and the one taken off at night to be hung in another room for use next morning. If possible, the patient should have two shirts, one for the day and one for the night, and also two sets of blankets for the same purpose; airing and warming them in the same manner as directed for the sheets. Nothing should be aired in the room. Remove soiled articles of all kinds at once.—Dr. GEORGE B. MOFFETT, in *Sanitary Monitor (Hahn. Monthly)*.

REPORTS OF INSTITUTIONS.

MELBOURNE HOMOEOPATHIC HOSPITAL.

WE have received the Sixteenth Annual Report of this Institution, and are happy to find that its usefulness has been so great that it has been found necessary to build a new hospital, where more patients can be accommodated. Of this we shall have more to say below.

The annual meeting was held in the board room of the hospital, July 30th, 1884, the Right Worshipful the Mayor of Melbourne (Charles Smith, Esq.) presiding. The old building had only accommodation for 16 in-patients. The number of in-patients treated during the year was 127; of these 42 were cured, 45 improved, 13 unrelieved, 13 died, and 14 remained in the hospital. 1,438 out-patients were treated during the year.

In order that our readers may be able to compare the cost of maintenance of this hospital with others, we reproduce the balance-sheet:—

Statement of receipts and expenditure of the Homœopathic Hospital, Melbourne, for the year ending 30th June, 1884:—

MAINTENANCE FUND.

	RECEIPTS.	£	s.	d.	£	s.	d.
To Government Grant	...	610	0	0			
,, Subscriptions	...	476	3	1			
,, Sale of Refuse, etc.	...	0	14	1			
,, Paying In-patients	...	62	7	6			
,, , Out-patients	...	209	10	6			
,, Repayment Funeral Expenses	...	10	0	0			
					1,369	15	2
,, Balance Overdraft	...	609	9	3			
,, Cheques not presented	...	2	9	0			
		611	18	3			
Cash in safe	...	34	0	9			
					577	17	6
					£1,947	12	8

	EXPENDITURE.			£	s.	d.	£	s.	d.
By Balance 30th June, 1883				420	16	4
,, Salaries and Wages	496	8	0			
,, Rent of Building	250	0	0			
,, Repairs to Building	68	7	11			
,, Fittings and Furniture	6	8	9			
,, Funeral Expenses	3	3	0			
,, Collector's Commission	76	13	5			
,, Provisions	255	4	3			
,, Fuel and Light	53	14	5			
,, Medical Comforts	8	2	0			
,, Medicines	73	3	1			
,, Bedding and Drapery	1	14	0			
,, Ironmongery and Crockery	5	19	6			
,, Printing and Stationery	75	7	2			
,, Advertising and Postage	41	7	3			
,, Interest	17	13	0			
,, Petty Cash	21	0	0			
,, Surgical Instruments	31	13	6			
,, Sundries	21	17	1			
,, Lithographing Life Governor's Certificates	19	0	0			
							1,526	16	4
							£1,947	12	8

The honorary medical officers of the hospital are: Physicians, Drs. J. P. Teague and William R. Ray; and Surgeons, Dr. Alexander Murray and Dr. J. Maffey.

Of the plan of the new hospital (which we expect to hear by an early mail has been opened and is now in active operation) the following is an interesting account:—

"A few words concerning the new hospital, now in course of erection on the St. Kilda Road, may not be unacceptable to the subscribers to the institution at the present time.

"As stated in the Report of the Board of Management on page 8, the high prices ruling for labour and building materials, coupled with the lack of funds, prevented the board going on with the building during the past year. The grant by the Government of a further sum of £2,000 will place about £7,000 at the disposal of the board. It is estimated that £10,000 will be required to erect the portion proposed, and it will therefore be necessary to borrow some three thousand pounds. A special appeal is made to the supporters of the hospital, and the public generally, to contribute to the Building Fund, so that this amount may be speedily reduced.

"It is intended to erect the central block and wing towards Melbourne first. By a reference to the engraving on the cover of this report it will be seen that a substantial building is intended; the square central block and the wing to the right (as looked at) being the portions referred to. The wing, or

pavilion, contains two wards, upper and lower, each allowing for twenty-four beds. The upper ward will be used for females and the lower for males. The central block provides for quarters for resident surgeon, matron and nurses, and also for operating room, surgical wards, and at the top an isolated fever ward. These will contain twelve to fourteen beds, so that the total accommodation will be for about sixty patients. The hospital, being designed on the pavilion principle, provides for additional pavilions being erected without any extra cost for administrative department. It therefore necessarily stands that the cost of the first portion is high compared with the future additions. In the basement, beneath the main floor, there is a large amount of accommodation which it is proposed shall be used for kitchen, dispensary, and out-patients' department for the present. These necessary departments are provided for in the original plans in a separate building at the rear; but, in view of the extra cost (£3,000), it is more than probable that the erection of this building will be allowed to stand over for the present, and the basement used until funds will admit of its erection. Of course the completeness of the whole scheme will be impaired until the original plan is carried out, as it forms an essential feature in the design and construction.

"Attention is drawn to the fact that this will be the first homœopathic hospital erected in the Southern hemisphere, and, as such, should receive the warmest support of all classes, and more especially of those who believe and practise homœopathy, and are desirous of extending its great blessings to the poor of the colony.

"Donations forwarded to the secretary, at the hospital, 17, Spring Street, Melbourne, will be thankfully received and duly acknowledged.

"A donation or collection of £20 entitles the donor or collector to be enrolled as a life governor, with full privileges."

We would respectfully urge upon the committee of the Melbourne Hospital the extreme importance (especially in the light of Dr. Maffey's lectures) of making the hospital a training institution for nurses as well as a hospital, after the pattern of what is done at the London Homœopathic Hospital and elsewhere. At these institutions the matron or lady superintendent of nursing is herself a trained nurse, and has qualifications for governing and training others. She receives probationers, who learn under herself and the nurses of experience the work of nursing, and then when these are qualified they go out to nurse for doctors in private practice. The fees in the case of the London Homœopathic Hospital are a source of income to the institution; but beyond all that, the nurses bring great credit on the hospital and homœopathy.

NORWICH HOMŒOPATHIC DISPENSARY.

We are glad to see that the Report of this Dispensary shows a steadily growing usefulness of the institution, under the medical administration of the Drs. Roche. Patients attend at the dispensary and are visited at their own homes. In 1878 a Provident department was established, and since then the numbers have largely increased. In the year 1877-78 the numbers were—attendances at the dispensary, 947; at their own homes, 358. In 1879-80 the numbers were respectively, 2,593, 979; in 1882-83 they were 2,678, 1,290; in 1884-85 the highest number was reached, 2,723 at the dispensary, and 1,572 home visits.

We congratulate the committee of the dispensary and the medical officers on this very encouraging report.

Obituary.

HENRY NEWELL GUERNSEY, M.D.

At seven o'clock on Saturday morning, June 27th, Professor Guernsey closed his earthly career, and "slept the sleep that knows no waking." Our great obstetrician, whose name and fame are co-extensive with our science of medicine wherever homœopathy is known, has ended his distinguished professional career. Naturally modest and retiring, honest, and enthusiastic in his labours, one of the purest of men and purest of homœopaths, he leaves a record and a memory behind him of which every member of our school may justly be proud. Many of the best men in our ranks have from his lips or his pen received their first inspiration of the simple truth of Hahnemann's teachings, and will join us in saying, "Well done, good and faithful servant." Verily, "the old guard," one by one, are joining the majority.

Dr. Guernsey was born at Rochester, Vt., on February 10th, 1817. His father, Joseph Guernsey, was for many years a Justice of the Peace; while through his mother, Phebe Jefferson, he was related to President Jefferson. He received his literary education at Royalton Academy, and in 1840, at the age of twenty-three, he began the study of medicine in the office of Dr. A. E. Small, then in practice at Upper Darby, Vt. He matriculated in the Medical Department of the Pennsylvania College November 1st, 1841, and the following year entered the Medical Department of the University of New York, graduating in the spring of 1842. He first began practice in New York City, but soon removed to Frankford, then a suburb of, but now a part of Philadelphia, where he early acquired a large and lucrative practice, especially in obstetrics, a practice that pre-

pared him for the important service he has since rendered the profession. In 1846 he became a member of the American Institute of Homœopathy. In 1856 he removed into the city of Philadelphia, and in 1861 was elected Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania, a chair which he filled to the satisfaction of his colleagues for eight consecutive years, three of which he was Dean of the Faculty. So earnestly and faithfully did he labour to inculcate the true doctrine of Hahnemann and promulgate the science of homœopathy, so practical and useful were his lectures, that the students requested their publication, and to this are we indebted for the first edition of *Guernsey's Obstetrics*, which appeared in 1867, and which has been translated into French.

In 1871 he was elected Professor of Materia Medica and Dean of the Faculty in the Hahnemann Medical College of Philadelphia, and filled the chair for three years. His lectures were again requested for publication, and this gave us *Guernsey's Materia Medica*. But he is best known as the author of the "Key-Note System" of studying and applying the Materia Medica of our school, a system which he advocated in the current literature of the school, and which has been largely adopted by the profession.

In 1846 he married Miss Collourn, of Boston, by whom he has had three children—two sons, J. C. and H. W. Guernsey, and one daughter, all of whom, we believe, survive him.

In the winter of 1883 he was attacked with a severe form of diabetes, but from which, under the strictest homœopathic treatment, he seemed in time to completely recover. During the last winter pulmonary tuberculosis made its appearance, yet until the last day of April he faithfully and pluckily attended to his practice, being confined to his room a little less than two months.

—*Medical Advance.*

THE FAITH CURE.—As a further illustration of Dr. Guernsey's interesting article on "The Faith Cure," it has occurred to me that you might regard the following anecdote as worth recording. When Douglas Jerrold, one of the most distinguished humorists of the last generation, was a comparatively young man struggling to provide an existence for a wife and half a dozen children, he passed through a dangerous illness. His life was despaired of, and on his medical attendant telling him of his extremely critical position, he, by a great effort which seemed impossible for him to make by those who were around his bedside, sat upright and exclaimed, "Doctor, I can't afford to die; I've a wife and six children to support; I can't afford to die, and I won't die!" From that moment he began to amend, and his recovery was both rapid and complete.—*Dr. Pope in "New York Medical Times."*

GENERAL CORRESPONDENCE.

RESULTS OF ELECTRO-HOMOEOPATHY.

To the Editor of the Homœopathic World.

SIR,—About two years ago an appeal was made in the *Morning Post* for funds to send a girl suffering from lupus to Bologna to try Count Mattei's "electro-homœopathic" remedies. The *Morning Post* of to-day contains the result. "For a time the baths seemed to relieve her greatly. Now, however, she has fallen back into the same distressing state, and is even worse than she was before. The disease has spread to her eyes, and prevents her using them." This is a good specimen of the vaunted superior efficacy of Matteism. And yet there are physicians calling themselves homœopaths who not only patronise Matteism, but permit themselves to be patronised by Mattei himself, and accept from him (a layman!) credentials as to their qualifications. *Quousque tandem Catilina?*

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

Sept. 2nd, 1885.

P.S.—The *Morning Post* has declined to insert my letter on this subject.

[Our correspondent has done well to draw attention to this case. We have very little sympathy with Mattei, and hold that his practice of keeping his remedies secret is simply immoral. At the same time we must in fairness say that if his "system," or whatever it may be called, is to be discredited by an isolated failure, we fear there are very few systems that can stand.—*Ed. H. W.*]

ASTHMA CAUSED BY THE SMELL OF COOKED HARE.—Dr. Thorowgood sends the following note to the *British Medical Journal* (Feb. 21st): In connection with Dr. Kingsbury's case of asthma caused by the application of a hot linseed-meal poultice to a sore on the leg (*British Medical Journal*, February 7th, page 278), I may mention the following case. A gentleman who, from his boyhood, has been liable to attacks of spasmodic asthma, and who is now about forty years old, enumerates, among various excitors of his complaint, the presence in his room of a hare or its skin. Many persons are affected with asthma in the presence of a hare or a cat, as is pretty well known; but, in my friend's case, a roasted hare is even a more speedy cause of an asthmatic seizure than is the furry coat of the creature; and he has related to me the very severe attack which he once had on meeting a roast hare in the hall, under a cover, on its way to the dinner-table.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Arlt** (Ferd. R. von.). Clinical Studies on Diseases of the Eye. Translated by Lyman Ware. (Simpkin, 12s. 6d.)
- Arndt** (H. R.). A System of Medicine Based upon the Law of Homœopathy. In 3 Vols. (Vols. 1 and 2, 30s. each.) British Pharmacopœia. New edition. (Spottiswoode, 6s.)
- Descriptive Catalogue** of the Pathological Specimens contained in the Museum of the Royal College of Surgeons of England. Vol. 4. (Churchill. 7s. 6d.)
- Dolley** (C. S.). The Technology of Bacteria Investigation; according to the Methods employed by eminent Microbiasts. (Boston. 10s.)
- Draper** (J. C.). Text Book of Medical Physics for the Use of Practitioners of Medicine. (Churchill. 18s.)
- Fox** (E. L.). The Influence of the Sympathetic on Disease. With Illustrations. (Smith and Elder. 18s.)
- Habershon** (S. O.). The Pathology of the Pneumogastric Nerve. 2nd edition. (Churchill. 4s.)
- Hilles** (M. W.). The Anatomist. (Renshaw. Red. to 2s. 6d.)
- Liebreich's** Atlas of Ophthalmoscopy. 3rd edition. Translated by H. R. Swanzy, M.D. With Chromo-Lithographic Plates drawn from Nature. (Churchill. 40s.)
- Willoughby** (E. F.). Dietetics, or the Nature, Functions, and Composition of Food. (Collins. 1s.)
- Woodhead** (G. Sims) and **Hare** (Arthur W.). Pathological Mycology: An Enquiry into the Etiology of Infective Diseases. Section I.: Methods. 8vo. (Pentland, Edinburgh. 8s. 6d.)

* * To be continued Monthly.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct and return to the Editor as early as possible.

CORRESPONDENTS.

Communications received from Dr. Teague, Melbourne; Dr. McConnell Reed, Walsworth; Dr. Ussher, Wands-

worth; Dr. A. De Noé Walker, London; Dr. J. Murray Moore, Auckland, New Zealand; Dr. Winterburn, New York; Dr. T. Simpson, Glasgow.

BOOKS AND JOURNALS RECEIVED.

Allgemeine Homœopathische Zeitung.—Zoophilist.—Medical Advance.—Monthly Homœopathic Review.—Revue Homœopathique Belge.—Homœopathische Monatsblätter.—Medical Investigator.—Dublin Journal of Medical Science.—Bibliothèque Homœopathique.—New York Medical Times.—St. Louis Periscope.—United States Medical Investigator.—Medical Advocate.—Clinique. Medical Visitor.—Chemist and Druggist.—American Observer.—Hydrogen Peroxide. By Wm. B. Clarke, M.D.—The Homœopathic Journal of Obstetrics.—La Reforma Medica.

THE
HOMŒOPATHIC WORLD.

NOVEMBER 2, 1885.

THE NORWICH CONGRESS.

FOR the completeness of the arrangements and the hospitality of the entertainers of the Congress, for the liberal-minded and philosophical presidential address, for solid work and pleasant intercourse, for the presence of an allopathic physician as our guest at dinner—for all these the Congress recently held at Norwich will long be remembered with peculiar pleasure and interest by all who were fortunate enough to take part in its proceedings. Dr. NANKIVELL did honour to himself and to the homœopathic body by the manner in which he filled the president's chair. His address was catholic in spirit and conciliatory in tone, and was so clearly reasoned that the most bigoted allopath could not help being convinced of the truth of homœopathy, provided only he were open to conviction, and would read the address. To one part of the address, indeed, we must take exception. Dr. NANKIVELL compared the different methods of testing the physiological actions of drugs to the study of geography and the earth's formation. Poisonings, he said, were like physical geography, showing the broad outlines of the land; provings were like political geography, showing the mapping out of provinces and the position of cities; experiments on animals, again, were like geology, which showed the mineral wealth and strata of the earth; they displayed "those things which lie beneath the surface and are not self-evident to the ordinary observer." It is in the last comparison that we cannot agree with Dr. NANKIVELL. He did

not, to our thinking, go far enough down for his simile to experiments on animals. If he had gone beneath the strata down to the regions described in the first part of DANTE's great poem, he would have found fitting comparisons for these same experiments, in point both of pleasantness and utility. Except in this one particular we have no exception to take; we heartily recognise the power and ability of Dr. NANKIVELL'S address.

But—we are constrained to ask it, ungenerous though it may seem—to what good? To this good, certainly, that those who heard it were gratified, and that wherever homœopathy is known the address will be read, and the minds of the readers cheered, and their hearts refreshed. But—we cannot do without this ungracious part of speech—was that the President's chief object? Was he labouring to confirm the convinced, or to convince the unconvinced? Both, perhaps; but surely the latter in part. And so we come to that hypothetical individual we have referred to above, the bigoted allopath—and almost all allopaths are bigoted, whether they know it or not;—What will Dr. NANKIVELL's address accomplish towards the conversion of this well-meaning but highly opinionated being? We fear, not much. In the first place, he is not open to conviction; and, in the second place, he will not read the address.

It is high time we looked facts squarely in the face. These many years we have appealed to our professional brethren, in the most professional of ways, to take the truth we were possessed of and use it for the people's good. And while some have not scrupled to pick our pockets whilst we were knocking at their doors, and re-issue the abstracted coins "sweated" and defaced, they have given our suppliant selves nothing but rebuffs. And now, in this day of toleration, if we are very good, some of them are prepared to give us, in place of the kicks of former days, a condescending smile—which, in our humble opinion, is infinitely less to be desired. This, in plain truth, is the actual state of the case; and we very much doubt if Dr. NANKIVELL's address, with

all its ability, charity, and catholicity, will alter it in the smallest degree.

In fact we have made a mistake. Instead of appealing to our fellow-servants all this time, we should, after the first rebuff, have appealed to the master of us both—the people. It is the people whom we serve; it is the people's welfare that we have to seek. The profession will give no heed to our arguments or our pleadings. The people they cannot choose but hear. For the future it shall be our aim to teach the people. They are still in thick darkness as to what homœopathy is, and who was HAHNEMANN. We are not doing our duty if we stir no hand to enlighten them. Once instructed in the merits of the case, King Demos—who has found his voice—will give the order, and his servants will obey. This has happened in America. Cut off from intercourse with their professional brethren, the early homœopathists appealed to the people, and, as one of them said to us the other day, “the people sustained our appeal.” If we leave the people longer in darkness, we deserve all the smiles and the kicks our allopathic friends bestow upon us. Henceforth we appeal no more to them—we appeal to THE PEOPLE.

MERCURIUS CORROSIVUS IN THE HANDS OF THE ALLOPATHS.

THE history of the use of *Corrosive Sublimate*, or, as we prefer to call it, *Mercurius Corrosivus*, among the allopaths during the last twelve months or so is most instructive. The discovery having been made that this substance is one of the most powerful of all destroyers of living organisms, it was at once dubbed “the antiseptic” *par excellence*; and *Carbolic Acid* being at the time not a little discredited, *Corrosive Sublimate* rapidly came to the front. “Antiseptic” was its name, and the idea that it could do anything more than act as an “antiseptic” did not appear to have occurred to the allopathic mind. The scientific having decided that it was an antiseptic, it would be really impertinent on the part of the drug to do anything else than “antisept”—if we

may be allowed to coin a word. This is just what happened with *Carbolic Acid*. *Carbolic Acid* was and is an antiseptic; it was and is used as an antiseptic; the idea being that when an agent is *used as* anything it must do that same thing and nothing else. If *Arsenic* is "used as a hæmative tonic," it must restore the quality of the blood; if *Rhubarb* is "used as a stomachic tonic," it must act as a restorative of the strength of the stomach. Such is the inference—that the action of a drug depends on what it is "used as," and not on its own inherent properties. And so, when it has been decided that *Carbolic Acid* is an antiseptic, and when those who employ it say that they "use it as an antiseptic," nobody imagines that it may possibly have another action besides that of destroying germs, and that the germ-destroying power may not be the explanation of its good effects when they ensue. In spite of the fact that a large number of patients on whom *Carbolic Acid* has been "used as an antiseptic" have died with haematuria, and that others have died from its use with symptoms of blood-poisoning which it has been difficult to distinguish from the symptoms of ordinary septicæmia, *Carbolic Acid* still continues to be an "antiseptic," and the word "antiseptic" is thought to be a sufficient explanation of its action.

And now the new antiseptic agent, *Mercarius Corrosirus*, is behaving in the same unseemly way as its brother germ-destroyer, *Carbolic Acid*. It has been "used as an antiseptic," and the users have forgotten that the drug was not bound to do only that for which they used it. It was most irritating to have the unruly substance behave as it has always done, and not as it was expected to do by the antiseptic surgeons. These offended dignitaries could hardly believe their experience at first; and the *Lancet* published in February last (28th) an editorial note on what it thought fit to term "*Alleged (!) Dangers in the Use of Corrosive Sublimate as an Antiseptic Agent.*" This is of such extreme importance that we reproduce it entire:—

"Dr. Fraenkel, of Hamburg, draws attention (*Virch. Arch.*, 99, ii.) to an almost unsuspected danger arising from the too free use of

corrosive sublimate as an antiseptic agent. His remarks are in the first place based upon a case recorded by Stadfelt of death with dysenteric symptoms following upon intra-uterine injection of a solution of sublimate (1 in 1,500) after adherent placenta, and are supported by the results of post-mortem examinations of surgical cases in which this solution was employed. In all these cases (fourteen in number) severe ulcerative lesions were found in the large intestine, but Dr. Fraenkel admits that in only two of these could the lesion be said to have caused the death of the patient. The appearances presented by the diseased bowel resembled those of acute dysentery—viz., more or less extensive areas of necrosis of the mucous membrane, with intense surrounding inflammation. He combats the notion that the intestinal lesions depended on septicaemia, mainly on the ground that in no case were any other of the lesions characteristic of septicæmia or pyæmæ present, nor did the cases run the clinical course of blood-poisoning. Although the paramount value of corrosive sublimate as an antiseptic must be admitted, its employment is nevertheless not free from risk. Its immoderate use as an external application is liable to excite the diphtheritic-like inflammation of the large and sometimes of the small intestine, which is recognised clinically by tenesmus, colic, and bloody stools. But so far the renal changes supposed to be characteristic of sublimate poisoning have not been observed in surgical practice. The intestinal affection is most liable to occur in individuals whose nutrition is defective, or who are very fat, especially those with fatty hearts; and particularly if the sublimate has been in contact with large exposed and absorbing surfaces, as the peritoneum or uterus; therefore care should be taken to use only the weakest solutions consistent with their antiseptic property, and especially not to use them too frequently as intra-uterine injections."

It is scarcely credible that the destructive power of *Corrosive Sublimate* should have been "almost unsuspected" by a man of the standing of Fraenkel, though we are not astonished at the editor of the *Lancet* quoting this experience as betokening merely an "alleged danger." The editor of the *Lancet* is not remarkable for his sagacity. But let us look at the facts. *Corrosive Sublimate* is used in what might seem a weak dilution—1 in 1,500—more attenuate, in fact, than our 3rd decimal—as "an antiseptic." Probably it *did* kill a few germs and minute living organisms, and so it *may* have fulfilled the intention of its users. But not only did it kill the germs—it killed the patients, fourteen in number. How many others it has killed before and since when "used

as an antiseptic" it is impossible to say. This "antiseptic" produced dysentery, diphtheritic ulceration, and symptoms of blood-poisoning. What is to be said of this action? Has it any bearing on the sphere of its curative powers? It is used in states of blood-poisoning, and it will cause death with the symptoms of blood-poisoning. Is there any relation between these two facts? "Oh no!" says the allopathist, "it acts as an antiseptic." It causes ulceration, and it is used for the same condition; surely there is a hint of homœopathy here? "Not at all," says the allopath, "it is used as an antiseptic." But if it is an antiseptic only, how is it that it kills so many patients as well as the microbes? "That I cannot tell," says the allopath; "all I know is that it is 'used as an antiseptic.'"

It is amusing to see how ready "our friends the enemy" are to adopt our practice as soon as they can get a colourable excuse. *Corrosive Sublimate* has now become a fashionable "antiseptic," and it can now be used for all cases of ulceration, such as homœopaths have been in the habit of curing with it for generations past, without any suspicion of flirting with homœopathy. In this way it has been adopted for the treatment of ulceration of the eyes—as an "antiseptic" lotion, of course. But the curious part of it is that in using homœopathy in this way (even though they dub the treatment "antiseptic") they are obliged, after killing by their stupidity a large number of patients, to dilute it to an almost unheard-of extent. We understand that at Moorfields a solution of 1 in 50,000 is the favourite strength. This is in point of attenuation somewhere between the 2nd and 3rd centesimal dilutions of Hahnemann. But though there is nothing produces ulceration so surely as *Corrosive Sublimate*, and nothing produces such rapid cures, according to our clumsy imitators this is not homœopathy—it is "antiseptics."

NOTES.

THE HISTORY OF HOMEOPATHY.

THE History of Homœopathy has at length appeared in an English translation. Dr. Ameke, of Berlin, was the first to undertake the task of writing the history, and so admirably has he accomplished his undertaking that the British Homœopathic Society, on the motion of Dr. Dudgeon, at once undertook the responsibility of publishing a translation. The translator is Dr. Alfred Drysdale, of Cannes; but Dr. Dudgeon undertook to revise and edit the work and pass it through the press. He has also added a preface of his own, a few notes, and a most complete index. The original work did not possess an index, and so in this particular the translation is at great advantage. We shall review the work fully later on, but may here remark that the volume is one of supreme interest and value. It should be widely read by all classes—homœopathic and allopathic, medical and lay.

TREATMENT OF BURNS, SPRAINS, ETC.

DR. KATSCH finds that the quickest and most effectual remedy for burns caused by heat—not by chemical substances, as lime or acids—is the repeated application, by means of a feather or camel's-hair brush, of a mixture of 14 parts sulphuric æther with 1 part of oil of turpentine. The application almost immediately removes the pain, which, however, soon returns, and renewed applications of the remedy gradually take away the pain permanently, and a rapid healing of the injury is effected.

In sprains, dislocations attended by much swelling, fractures of arms, legs, etc., Katsch finds a compress of sulphuric æther alone the most sovereign remedy for reducing the swelling and dispersing the exudation.—*Allg. Hom. Ztg.*, cxi. 59, 66.

DECLINE OF THE COLD BATH TREATMENT OF PYRESIS IN GERMANY.

AT this year's Congress of German medical men several physicians (viz., Prof. Bauer, of Munich, and Prof. Heubner, of Leipzic) stated that they had found tepid baths more efficacious and less dangerous than cold baths in the treat-

ment of febrile states with increased temperature. Prof. Thomas, of Freiburg, recommended medicinal antipyretics first, and not to employ cold bathing until these had failed. Prof. Rossbach, of Jena, expressed his dissatisfaction with the results of the cold-bath treatment, and indeed with antipyretics in general, and said that our object should be "to find specifics for the different cases." This opinion Rossbach is not singular in holding, for Prof. Samuel, of Konigsberg, writes in Eulenburg's *Realencyclop.* (1885, vol. i., p. 546), "Experience as well as theory shows that we require specifics, not antipyretics."—*Allg. Hom. Ztg.*, exi. 53.

BLOWING HOT AND COLD.

PROF. SCHRÖTTER, of Vienna, in an article on pneumonia in the *Allg. med. Centralzeitung* (No. 30, 1885) says: "Venesection should be rejected. If it does not cause direct injury it certainly retards convalescence greatly. Notwithstanding this I practise venesection, and am firmly convinced that by means of it I have saved many lives. It is indicated when the heart must be quickly relieved, which no other remedy can do in this manner." We are at a loss to imagine what the symptoms are which show that the heart requires to be relieved "in this manner;" but supposing the signs of this need of relief—from accumulation of blood, we suppose, though Dr. Schrötter does not say so—possibly Junot's boot would effect its relief "in this manner" without causing the direct injury or the long convalescence that he tells us attends venesection.

SPURIOUS HOMEOPATHIC PREPARATIONS.

At the Scarborough meeting of the Homeopathic Pharmaceutical Association, at the conclusion of Mr. Pottage's address, Mr. Foster, of Scarborough, spoke of the usefulness of handbills cautioning the public against buying homeopathic preparations from allopathic chemists. He said:—

"As an illustration of the need for this service, he might mention a fact that had recently been brought to his knowledge. A short time ago, an allopathic chemist who had procured a supply of homeopathic medicines from London, was found to be in the habit of re-filling his customers' vials at a lower rate than was usually charged by homeopathic chemists. To enable him to do so, he simply filled the bottles with spirits of wine, and nothing else. It was needless to say how much such a fraud upon the public was fitted to injure the reputation of the homeopathic system. He re-

gretted that this Association, in consequence of not having Government recognition, was not in circumstances to prosecute such persons. He believed the executive were aware of such dishonest practices being carried on in various parts of the country, but they were helpless to prevent them."

At the conclusion of his speech Mr. Foster handed to the president a number of vials of false preparations which had been sold as genuine homœopathic medicines by allopathic chemists.

THE NEW BRITISH PHARMACOPÆIA.

THE presence of homœopathy is making itself felt in the headquarters of old-school physic, and even the Hahnemannian dilutions have found their way into the new Pharmacopœia. Mr. Marshall Leigh, of Brighton, has published some very useful "Notes" on the new volume, giving in convenient tabular form a list of the alterations. It is true they do not amount to very much, the arduous labours of the compilers being confined, perhaps, to resisting the temptation under which Dr. Brunton has fallen of helping themselves to homœopathy wholesale. Still we recognise under *Calx Sulphurata* (dose 1-10th—1 grain) our old friend *Hepar* become orthodox at last. *Cimicifuga*, *Gelsemium*, *Glonoine* (nitro-glycerine), and *Arsenii Iodidum* have also been received into the sacred enclosure. *Aqua Lauracerasi* "is now standardised, and contains 0·1 per cent. of Hydrocyanic Acid"—in other words, the Hahnemannian "3x." The solutions (*Liquores*) of *Arsenic*, *Atropine*, *Morphine*, *Strychnine*, and *Permanganate of Potash* have all been made on the Hahnemannian plan, instead of as formerly in the proportion of four grains to the ounce. They are to be now identical with our first centesimal dilution. Nitro-glycerine is only prepared in tablets, containing 1-100th of a grain each. The doses are growing small by degrees. Extractum Aconiti is now to be given 1-4th to 1 grain, instead of 1 to 2 grains; the red Iodide of Mercury in 1-32nd to 1-8th grain, instead of 1-16th to 1-4th grain. Gelatine discs of Atropine are made to contain 1-5000th grain of Sulphate of Atropia. These alterations are significant; but if it has taken the magnates of orthodox medicine the best part of a century to learn this small amount of wisdom, unless we make some change in our methods it will take many cycles of centuries to teach them all they have to learn.

TAXATION OF CHARITY.

IN an able article published in the *Philanthropist* of October, Mr. G. A. Cross, of the London Homœopathic Hospital, gives a very clear account of "The Taxation of Charity," and pleads strongly for the exemption of hospitals and other institutions supported by voluntary contributions, from the payment of rates and taxes. It appears that in Ireland charitable institutions enjoy this exemption already. A Bill is to be introduced into Parliament by Mr. Whitley to secure the same exemption for English and Scotch charities. Mr. Cross points out certain objections to the Bill as it stands, which we think ought to be carefully considered. He also points out that the success of the measure depends entirely on the individual action of the managers and secretaries.

CULPABLE STUPIDITY.

IN the *British Medical Journal* of September 26th a Dr. Mackie, of Bedford, gives an account of the way in which he and a brother practitioner treated a case of rheumatism. The patient was a young man, and was suffering from "recurrent relapses of rheumatic fever which followed a wetting." For six weeks, Dr. Mackie states, the patient had been taking forty-grain doses of salicin thrice daily, and whenever the pain or swelling of the joints came on, *every two hours*. As he was better than he had been, Dr. Mackie, who has "considerable faith in salicin," *advised him to continue it*. And so for another fortnight the forty grains of salicin thrice daily, or every two hours, were taken by this unfortunate young man. At the end of this time he was having restless nights, was slightly jaundiced, many joints were inflamed, including the joints of the vertebræ, and Dr. Mackie feared hyperpyrexia. The heart was evidently damaged. Dr. Mackie now altered his tactics; quinine, bicarbonate of potash, calomel, and blisters to the joints and heart were given, and latterly large doses of perchloride of iron. The patient recovered. The following are what Dr. Mackie calls the "peculiarities" of the case:—

"1. Articular rheumatism recurred in an acute form, involving also the heart, when he must have been saturated with salicin, which he had been taking for eight weeks in forty-grain doses. 2. The vitality of the nervous system was profoundly depressed, as the blisters did not rise well in fifteen hours at first, though they subsequently rose after only seven hours' application of the same vesicating material (this I have observed in other cases). 3. The

affection of the joints had quite ceased for some days before the fever, which was not markedly influenced by sulphate of quinine, in small doses daily. 4. He has had no further relapse, though often recurring during the previous eight weeks; and I may add he felt such rapid relief from the blisters, that he was only anxious to have them applied on any slight indication of returning pain."

In our opinion the chief "peculiarity" of the case is the fact that after such senseless drugging the patient recovered at all. The lesson we draw from it is, the marked periodicity in the action of salicin, and its power to cause rheumatism as well as to cure it.

MORE STUPIDITY.

It is plain that we cannot expect the rank and file of the profession to learn wisdom when the leaders are as dull as Dr. Bristowe confessed himself to be in his address at Cardiff (*British Medical Journal*, Aug. 22). Dr. Bristowe is certainly one of the most enlightened and liberal-minded men in the allopathic profession, and yet he would appear not to know that it is possible for a powerful drug to do harm when it is given to do good, however large the dose may be and however long continued. He says:—

"I recollect, when the skin department of St. Thomas's Hospital was under my management, I determined in many cases to prevent, if I could, the recurrence of psoriasis in patients whom I seemed to have cured with arsenic."

A very laudable resolution to take; but how did he propose to do it?—

"*I continued the arsenical treatment for months while the patients were apparently well ! ! !*"

And the result?—

"Over and over again the psoriasis reappeared, even while the patient was under the full influence of the antidote."

And no wonder! If you give arsenic strong enough and long enough it will produce a skin disease of its own. But Dr. Bristowe fell under the fatal delusion of words. Arsenic is the "antidote" to psoriasis: he "gave it as the antidote:" how could the arsenic do anything else besides that which he prescribed it for? But, strange as it may seem, drugs pay no attention to the notions in the prescriber's head; they have ways of their own which they will follow, sometimes

much to the surprise of the physician, who only knows the names that have been given to them and not their actual properties.

NAMES.

DOCTORS differ: and so do the deliverers of introductory addresses. Dr. Schæfer at University College (*British Medical Journal*, October 3) strongly advocated the study of Greek as a preliminary to medical study, in order that the student might be able to see at a glance the meaning of such words as hæmatin, kymograph, amyloytic, sphygmograph, etc. Mr. Jonathan Hutchinson at Leeds (*British Medical Journal*, October 3) was of a different opinion. He thought much more good might be got out of translations than from the knowledge of a language that is usually acquired at school. As for the names so dear to the heart of Dr. Schæfer, this is what Mr. Hutchinson says of them:—

“ Every one of these terms might, not inconveniently, and in many instances far more elegantly, be expressed in English. . . . The mind unconsciously associates its own meaning with a word which it is compelled to use but does not understand, and thus often is not only left ignorant, but actually led astray. Further, I am sure that it is true that a high-sounding name often leads us to believe that our knowledge is far more definite than it really is.”

Well said, Mr. Hutchinson! But you were not the first to say it: Hahnemann said as much nearly a century ago.

PURPURA.

ANY ONE having treated cases of *Purpura*, which they can report in detail, showing the homœopathic applicability of any remedy, is respectfully urged to send the same to Dr. Winterburn, editor of the *American Homœopathist*, 29, West 26th Street, New York, U.S.A.

BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will take place on Thursday, November 5th. Mr. Engall will read a paper.

LETTERS from our Special Correspondents in New Zealand and New York have arrived too late for insertion in our present issue.

ORIGINAL COMMUNICATIONS.

THE COLD-WATER TREATMENT.

By Dr. DUDGHON.

IN the History of Homœopathy just published, Dr. Ameke gives the sole credit of the modern development of hydro-pathy to Professor Oertel and Priessnitz of Gräfenberg fame. He admits, indeed, that Oertel derived his knowledge of the value of cold water as a therapeutic agent from a work Dr. J. S. Hahn first published in 1738, of which Oertel himself edited a reprint in 1833-4. This of course only refers to the history of the cold-water cure in Germany. This country may lay claim to the honour of having produced a scientific advocate of hydro-therapy before Oertel wrote. The system of water treatment recommended by Dr. James Currie was as complete as that we see now practised among us. An article in the *Medical Times* of October 10th led me to look into Currie's book, which gave me a high opinion of his sagacity. Currie was the son of the minister of Kirkpatrick-Fleming in Dumfriesshire, where he was born in 1756. He settled in practice in Liverpool, where he published in 1797 a work entitled *Medical Reports on the Effects of Water, Cold or Warm, as a Remedy in Fever and other Diseases, whether applied to the Surface of the Body or used Internally*. Currie was the first also to use the clinical thermometer, which enabled him to ascertain with precision the antipyretic effects of his water applications. He applied his thermometer, as he tells us, "under the tongue with the lips close, or under the axilla indifferently; having found by repeated experiments that the heat in these two places corresponds exactly" (p. 35, 3rd edit.). He also used a thermometer with an index. "By introducing a small piece of iron into the tube, after the manner of Mr. Six, a permanent indication of the greatest heat is obtained, and the approach of the observer towards the patient during the experiment is rendered unnecessary" (*ibid.*, p. 36). For fever he sometimes used the cold bath, but he chiefly relied on cold affusion as his great defervescent in fevers. He also employed the tepid bath, which in some cases he found to be a better antipyretic in high temperatures than the cold bath, a fact which medical men are just beginning to find out. He used packing with compresses and sponging. When he could obtain it he preferred brine to fresh water, probably on account of its not drying so quickly as fresh water when

applied in compresses, or perhaps because he fancied it was a more powerful abstracter of heat; for he concluded from a number of careful experiments that water is not absorbed by the skin when the body is immersed in it. When we remember the common mode of treating febrile diseases in Currie's days, by close rooms, piles of blankets and diaphoretic medicines, we cannot help marvelling at Currie's courage in recommending and practising such an opposite method. As Currie's practice was opposed to all the therapeutic beliefs and methods of his day, it was vehemently opposed or quietly ignored by his contemporaries, who continued for many years afterwards to treat febrile diseases by bleeding and so-called antiphlogistic medicines on the one hand, and stifling hot rooms with no ventilation and heaps of blankets on the other hand; blowing cold and hot, as it were, in the favourite orthodox fashion.

The infallible "scientific" and "rational" school will never acknowledge its error or adopt a new and better treatment at the bidding of a reforming physician, be he ever so learned or ever so successful with his novel method; it is only brought to adopt the better plan by seeing its patients flock to the practitioner who will give them the benefit of the improved treatment. Unfortunately Dr. Currie was in advance of his time, and patients, from long habit, were too prejudiced in favour of the old method to be converted to the novel method by a modest, retiring man like Dr. Currie, who did not, in fact, address them in a popular work, but wrote for the profession only. His water system was accordingly treated with silent contempt by the orthodox school, or he was denounced as a heretic or a presumptuous charlatan, who impudently set his own opinion against the whole experience of the faculty for thousands of years. It was not until patients began to flock in thousands to the Gräfenberg peasant, Priessnitz, that the orthodox school could be induced to look into and adopt the methods which they had despised when set forth by the discredited Currie. Similar has been the history of almost all the great improvements in therapeutics. When Hahnemann denounced the folly of bloodletting, and showed a better method, he was reviled on all sides by his colleagues; but when patients would no longer submit to be bled, but sought medical advisers who would humour their prejudice and forbear to tap their life's blood, the orthodox school discovered that bloodletting was no longer required in inflammations, as these

diseases had recently "changed their type." If so the patients discovered this change of type of disease long before the doctors did. And so it was with the other "heroic" methods of the old school. Patients refused to allow themselves to be blistered, fired, and salivated, and complaisant orthodoxy, which had for many years been lauding these practices as "sheet-anchors," indispensable and alone curative, suddenly found that they were no longer required, and so the price of lancets, leeches, cupping-glasses, Spanish flies, actual cauteries and blue pills fell considerably in the market, to the great advantage of the health, complexion, and cutaneous integrity of the patient world.

Currie also, as we see by the above extracts, practised and inculcated the use of the clinical thermometer, but three-quarters of a century elapsed before the profession generally adopted it in their practice, and the credit of its first employment is never given to its real inventor, but to some modern reviver of Currie's method.

The attitude of the profession towards its reforming members is explained by a passage in Froude's Life of Carlyle (vol. ii., p. 244):—"Political economy [says Froude, but we say—medicine] had been a creed while it pretended to be a science. Science rests on reason and experiment, and can meet an opponent with calmness. A creed is always sensitive. To express a doubt of it shakes its authority, and is therefore treated as a moral offence." All medical reformers from Paracelsus to Hahnemann have been treated as moral offenders, and denounced, persecuted, and ostracised as though they were guilty of some unpardonable sin. Why? Because orthodox medicine is a creed, not a science.

BATH AND ITS WATERS.

By GEORGE NORMAN, M.R.C.S. Eng.

(Continued from p. 401.)

GEOLOGY.

MOST visitors to Bath are struck by the picturesque situation of the city, and by the diversity of scenery to be found in the neighbourhood, but to only a few will it occur that this is due to the geological formation of the district; that the innumerable ranges of rounded and flat-topped hills to be seen from any eminence around Bath are due for the most part to the resisting power of the Great or Bath Oolite

against the wear-and-tear of time, which has, however, principally through the agency of water, disintegrated and carried away the softer formations, and given rise to the alternating deep valleys.

According to the late Charles Moore, whose knowledge of local geology was unequalled, there are no less than thirteen distinct and important geological formations to be found within a four-mile radius of the city, which he names in ascending order as follows:—1. Carboniferous Limestone. 2. Coal Measures. 3. New Red Sandstone. 4. Rhœtic Beds. 5. Lower Lias. 6. Middle Lias. 7. Upper Lias. 8. Inferior Oolite. 9. Fuller's Earth. 10. Great Oolite. 11. Bradford Clay. 12. Forest Marble. 13. Post-Pliocene.

Bath is situated at the intersection of several wooded valleys, the principal of which is the valley of the Avon, here broad and making a sharp bend from east to south, and then from south to W.N.W. The hills on either side of the river rise to various heights, Lansdown being over 800 feet high, and Combe Down about 600 feet.

All the highest grounds around Bath—Lansdown, Claverton Down, Combe Down, Odd Down, Kingsdown, etc.—consist of the Great Oolite, from quarries in which is obtained the famous Bath stone, with which the city is built. A little below the summit of the hills a band of Fuller's earth generally appears, marked by a moist belt of ground, in which the upper springs that supply the city with water arise. Farther down the hills we come to the Inferior Oolite, on which is built what we may designate as high Bath—viz., the houses on Sion Hill, Lansdown Crescent, and the higher parts of Widcombe and Bathwick. Below this is a zone of Midford Sands, and occasionally of Marlstone, lying in a thin bed of the Middle Lias. Cavendish Place and Park Street stand on the latter formation.

The Upper Lias does not come to the surface at Bath, but probably the lower springs that supply the city are derived from this source.

Then we come to the Lower Lias, on which mid-Bath almost entirely stands; this includes the Royal Crescent, the Circus, Queen's Square, Camden Crescent, and all the houses lying on the lower spurs of Lansdown, the village of Weston and Weston Park, all on the right bank of the Avon, and Oldfield Park and its neighbourhood on the left bank.

The lowest situated portion of Bath comprises the greater part of the business quarter of the city, the baths, the

Parades, Green Park, and a large section of Bathwick. It all stands on river gravel and alluvial soil, which fills the valley throughout its whole length. The gravel bed is full of the remains of animals now extinct in this country, and points to a time when the Bath basin was a dense jungle, within which roamed the lion, the elephant, the rhinoceros, the hyæna, the bear, and the wild boar. (*Charles Moore.*)

Below the Lias lie in order the Rhœtic Beds, the New Red Sandstone, the Coal Measures, and the Carboniferous Limestone.

The Rhœtic Beds can be seen in section in a railway cutting near Saltford. Mr. Moore was successful in obtaining a large number of organic remains from the Rhœtic Beds, which may be seen amongst the valuable geological collection placed by him in the local museum.

The New Red Sandstone may be seen near the Twerton tunnel as a red marl.

The Coal Measures crop out at Twerton and Newton St. Loe, but are seen on a larger scale at Bitton and Radstock, where the coal is largely worked.

The Carboniferous Limestone, the oldest rock in the district, is usually below the surface, being covered by more recent deposits, but at Wick Rocks we have an island of carboniferous limestone rising to a height of 200 feet, the effect of some mighty convulsion of nature.

It was suggested by Sir Charles Lyell in his address at the Bath meeting of the British Association, that as hot springs often occur near the line of junction of two geological formations, those of Bath may arise near the junction of the Lias with the Upper Oolite.

CLIMATE.

The climate of Bath, while partaking of the characteristics common to the western counties, possesses features special to the situation and environments of the city. Thus the lower part of Bath, lying as it does at the bottom of a sheltered basin open only to the west, with a river running through it, must evidently possess a climate differing in character from that to be found near the summits of the surrounding hills, and as houses are found at all levels between these two extremes, the investigation becomes a practical one.

Meteorological observations have been systematically made at the Bath Literary and Scientific Institution during the

last twenty years, and numerous observations have also been made in different parts of the city. Deductions from statistics thus obtained have been made at various times by the Rev. L. Blomefield, to whom we are indebted for most of our knowledge of this subject.

Climate of Lower Bath.

Temperature.—The hills around Bath have an undoubted effect in moderating both the heat of summer and the cold of winter. The interchange of heat constantly kept up by radiation between the slopes of the hills and the town would tend to check the cold arising from full exposure to the sky on clear frosty nights, as well as to check the heat of a bright midday summer's sun, such as would occur in the two cases respectively if the town were situated on an open plain.

Thus, although Bath has a slightly higher mean temperature than other towns in about the same latitude, its chief distinction lies in its more temperate character, the extremes of heat and cold lying within a more contracted range. The mean temperature, calculated for a period of twenty years, is 50·1; that of spring, 48·5; of summer, 60·9; autumn, 50·7; winter, 41·1.

In spring Bath has a higher mean temperature than Greenwich, while the night temperatures are not so low, and the mean daily range is less.

In summer the mean temperature is not different, but the extreme night and day temperatures are both of them more moderate, the mean daily range being still more contracted than in spring in relation to other towns.

In autumn the mean temperature is only very slightly higher than that of other places, the extreme day temperatures scarcely so high as some of them, but the nights are not so cold.

In winter the mean temperature is decidedly higher; the extreme day and night temperatures also both higher, though the mean daily range shows scarcely any difference.

It is natural that the mean daily range should be greatest in the warmer months and lowest in the winter, but the range is for the most part steady, varying but little. It is the sudden rise or fall of the range, when the day temperature is suddenly raised much above what it had been a short time before—the night temperature remaining the same, or perhaps falling lower—of which persons are ordinarily most sensitive. This irregularity is found most frequently in the

spring, being due probably to the prevalence of easterly winds, accompanied by a very dry state of the air, rendering the nights very cold, notwithstanding the great power of the sun during the day to heat the lower strata of the atmosphere. Bath does not afford entire exemption from this evil, but will compare favourably in this respect with most other towns.

Humidity.—There is always more or less vapour diffused through the atmosphere, the presence and amount of which have such a marked influence upon weather and climate that it is of importance to determine its variations.

November and December are the most humid months in Bath, then January and February; in March the humidity lessens considerably, decreasing still more in April and reaching its minimum in May. In summer it again increases, in autumn still more so, till it returns to its maximum in the two last months of the year.

Compared with other towns both eastward and westward, Bath is characterised by an excess of humidity during the summer and autumn, but by a deficiency of the same in winter and spring.

Rainfall.—The mean yearly rainfall is thirty inches. It is least in spring, increasing slightly in summer, with a further increase in autumn, and greatest in winter. The driest period at Bath is from March to June, both months inclusive.

It is noticeable that the thunderstorms which occur in the neighbourhood, as they approach Bath and come into collision with the hills surrounding the city, often pass to one side or else divide into two, portions leading off to the right and left respectively, so that a storm passing directly over the city is a rare thing.

Winds.—The N. and N.E. winds in Bath, as in most other places in England, attain a maximum in spring, and are least prevalent in winter. The S. and S.W., on the contrary, attain a maximum in winter, and are least prevalent in spring. This is quite in accordance with the circumstance of the winter being the wettest season and the spring the driest season in Bath, as before shown, our chief rains coming from the S.W.

The W. and N.W. winds are those that mainly characterise the summer months, while in every season except winter they predominate over all the others. S.E. winds are chiefly attendant upon weather in a transitional state, and seldom

continue long, though more frequent in spring than at other times of the year.

The N.E. winds in Bath do not come up to the severity of those winds in other places, owing to the city being sheltered by the surrounding hills, and to its having a higher mean temperature.

Quality of the Air.—It is commonly stated that the air of Bath is relaxing, but the true explanation of the matter is as follows:—

The hills around Bath, which are, as before mentioned, so beneficial in moderating extremes of temperature, also have the effect of checking a free circulation of air; and the town lying, as it were, at the bottom of a basin, the atmosphere in the lower parts of the town necessarily becomes in still, sultry weather close and oppressive, causing the lassitude which is so often felt in Bath in the summer.

Climate of the Hills.

Observations taken on Lansdown, at a height of 740 feet above the sea, give the following results:—

Temperature.—The mean temperature is nearly three degrees lower than at the Literary Institution, and the maximum and minimum temperatures are likewise lower. In summer the difference is very small, the mean of all the maxima being at this season only three-tenths of a degree lower than at the Institution; in winter this difference amounts to 1·3°. The mean of all the minima shows no material difference between summer and winter, the difference for summer being 2·4°, for winter 2·7°—i.e., the night temperature falls as much below the night temperature at the Institution at one season as the other. Taking all the seasons together, the mean daily range of temperature is a degree and a half in excess of what it is at the Institution, owing chiefly to the greater depression of the night temperature.

Humidity.—As regards humidity, the quantity of moisture in the air increases in proportion to the altitude, while the temperature of the air lessens in proportion to the altitude; hence arises the circumstance of the difference between the temperature of the dew point and the temperature of the air being less than at the Institution.

Quality of the Air.—The air is, of course, purer and more invigorating than in the city, probably owing to the ozone present in it, often in large quantity. Speaking generally,

the hills are most to be recommended for summer residence, the high temperature at that season not being greater, or indeed very different, from what they are in the town, while the mean temperature is less; but the town is to be preferred in the winter as both warmer and drier at that period of the year, with a more limited range of temperature—the night temperature especially not falling so low as on the hills, a matter of considerable importance to invalids.

ADDENDUM.

Since writing the above paper several alterations and improvements have been made by the Baths Committee, which it is necessary I should notice. The Queen's Bath has been entirely removed, and beneath it has been discovered a fine circular Roman bath 29 feet in diameter, in a still more perfect state of preservation than the great Roman bath. It is enclosed in what may be called a hall, 54 feet long by 39 feet wide, one or two of the pillars of which stand almost intact, and portions of the fallen arches of the roof lie on the floor of the bath. Some broken capitals with fine carved work and a sculptured stone, supposed to be an altar, have also been found. In addition a new mineral spring has been found, yielding apparently between forty and sixty gallons a minute.

The Cross Bath has been also opened up to increase the swimming space, and in excavating for the new floor of the bath, the remains of another Roman bath were discovered. This appears to have been a large bath with a well in the centre, on the same principle as the King's Bath, but the remains are comparatively imperfect. A fresh spring of mineral water has, however, been found at the bottom of the central well.

As regards bathing accommodation, a new douche room is being prepared, after the model of those at Aix les Bains; also a Bertholet local vapour bath, the vapour being solely the product of the mineral water.

There is also a proposal, which is favourably received by the Town Council, for adding on a large scale the various kinds of baths to be found at the Continental spas. This scheme contemplates the roofing in and utilisation of the new circular Roman bath just discovered, the erection of inhalation and pulverisation rooms, and of a bath after the pattern of the Wildbad Baths; also the establishment of a Zander Institute, and possibly of new Turkish baths; and the first

rough estimate for these purposes amounts to £20,000. Undoubtedly, if these proposals are carried into effect, Bath should have a fine future in prospect.

TYPHOID FEVER—AN EXPERIENCE.

By JOHN MURRAY, L.R.C.S., L.R.C.P., and L.M. Edin.

THE unwillingness to contribute to medical journals, which some of the younger practitioners of medicine experience, arises from the thought that there are others, with larger experience and greater ability, who could if inclined much better occupy their pages. Right as this feeling may be, there still are opportunities of observing disease, which come even to the youngest, which may not be an everyday experience, and when it is no longer justifiable to be satisfied with saying, "Age should speak." It is the consideration of this that prompts me to send this contribution to your valuable journal.

The period during which the observations here recorded were made, was of considerable length, dating from August, 1883, to December, 1884. During that time cases of typhoid, few or many, were under treatment; there were short intervals when the number much diminished, occasionally there were none, but the continuity was such that these months form a complete chapter of experience.

The number of cases which came under my care during that time was in all 80; of these 33 were males, and 47 females. Their ages ranged from nine months to sixty years; 17 cases were of children under five years, and of these there were two infants under one year. Of these 80 cases five proved fatal—one male and four females. Two deaths resulted from exhaustion, two from pneumonia, and one from peritonitis. In no case was there haemorrhage from the bowel, although there occurred several cases of epistaxis at the onset of the attack.

In so far as reliance can be placed upon one case, the theory that pregnancy is prophylactic is not borne out, one of my cases being that of a woman in the third month of pregnancy. Abortion took place in the early stage of the fever, and she in addition had severe pneumonia; notwithstanding these complications she recovered. The exemption of infants from typhoid, which some have affirmed, was not my experience, two under a year falling victims. Both were

being suckled. In one case the baby was attacked before the mother; and in the other case the mother had to wean the child on account of being attacked, the baby becoming ill subsequently.

If it be true that enteric fever may be described as an "epitome of the practice of medicine," it will readily be believed that these 80 cases presented considerable variety. Some were from the first profound, with all the symptoms well marked, whilst others were of a milder type, making the diagnosis in the initial stage, and sometimes throughout the attack, exceedingly difficult. This difference was not due to variety of surroundings, but occurred in separate members of the same family, occupying the same house; and it thus happened on more than one occasion that after one of these indefinite cases had been under treatment for some time, the nature of the fever still being *sub judice*, a second case would occur in which the symptoms were well marked, throwing such light upon the first case as left one no longer in doubt as to its real nature. The following case will illustrate this. On October 21st, 1883, I was called to see A. H., a boy aged ten years. He had been ill for some days. I found him in a well-marked febrile condition; he was semi-conscious, and only answered questions when they were put sharply to him; he protruded his tongue with a jerk, and kept incessantly picking the bed-clothes or some imaginary object. There was no rash nor diarrhoea, neither did he make any complaint when pressure was made in the right iliac fossa. The pupils were dilated, the temperature 104°; pulse 130. I decided to give him *Belladonna*, and accordingly directed two drops of the first decimal dilution to be given every two hours. Next morning I found the condition unchanged. He had not slept, and was only conscious at intervals; the delirium was of that low muttering character, which he had kept up all night. Not having *Hyoscyamus* by me, which seemed to have a better claim than *Belladonna*, I prescribed *Opium*, directing that one drop of *Tinct. Opii* (B. P.) should be given every two hours. The following day I found him much better, quite conscious, having slept well during the night. Nothing, however, had occurred to clear up the diagnosis, but on the seventh day of his illness his mother complained, and soon developed well-marked symptoms of typhoid; in the light of her case it was not difficult to see that the boy had typhoid also, of the cerebral type. Here I must observe of what

paramount importance it is to have such a rule for practice as "Similia similibus curenur," acting according to which, however doubtful we may be as to the exact nature of the case, recognising the symptoms, we have the confidence that in giving the indicated remedy we are from the first doing the very best for the patient; we know we are taking no step which we shall regret, or wish to retrace, when such symptoms have become developed as may enable us to give the condition that name, which pathology and morbid anatomy have taught us. The physician who practises homeopathically, can surely feel that he is following the wise counsel of Marshall Hall (see *Medical Times* for August 1st, 1885) when he wrote:—"It is not crude post-mortem-morbid anatomy, but a knowledge of the state of the living morbid actions, which must guide us in practice. . . . There is a living pathology, certainly not less important than pathological anatomy, but hitherto little known in medical inquiry. An important department of this living pathology is that of disease consisting of primitive symptoms, yet leaving no trace of pathological anatomy behind them."

In November, 1883, the case of a family, all the members of which were successively attacked with typhoid, well illustrates the difficulty of preventing the spread of this and other infectious fevers when it occurs amongst the working classes, many of whom, while respectable and well-doing, yet live in houses where bedroom accommodation is very limited, and where therefore it is impossible to isolate a first case.

This family consisted of father, mother, and nine children—two boys and seven girls, the eldest twenty years and the youngest nine months. All lived at home excepting one, who was in a situation close by. The house consisted of four rooms, each about ten feet square, and a washhouse; one room was entirely used as a kitchen and living room. On November 28th I was called to see the first case, R. S., a boy aged two and a half years. He had been ill for a few days, and upon examination it was discovered he was suffering from typhoid. Two days later the father was attacked, and within a fortnight the whole family, with the exception of the mother, fell victims. The spread of infection was in a great measure due to the fact that just after the first child became ill, workmen commenced connecting the house-drains with the recently-adopted sewerage system. This involved interference with the former means of drainage, and while

the change was being made, the disposal of stools was very difficult; there was no garden, and an unavoidable delay occurred, as the only receptacle was a draw-well, which was being filled up as useless, and access to which was only at such times as the workmen were absent. The mother at last, who had bravely battled night and day among her children, was prostrated; so that now we had four children in one room, five in another, with the parents in a third. None of these cases were slight, but, notwithstanding their severity, and the unfortunate surroundings, all did well, until pneumonia complicated the case of one, a boy aged seven years. A few days after this came on he died, a victim more to the circumstances in which he was placed than to the primary disease. So cramped was the space that the cot in which he lay had to be placed close to the window and opposite to the doorway; this position doubtless contributed to the sacrifice of a life which in more propitious circumstances might have been saved. The case of the mother was also complicated with pneumonia, and her condition became critical; with such tried servants, however, as *Bryonia* and *Phosphorus* the condition of the lung improved and she finally recovered, as well as did the others, with the exception of the child of seven already referred to. One death in eleven cases is certainly not a high mortality, and the smallness of it in such circumstances must impress one with the superiority of homeopathic treatment over all others, including hydrotherapy, which of late has come very much to the front in the treatment of this disorder, but under which, according to the report of the Hospital (Middlesex) which may be regarded as the home of the bath treatment of typhoid, there were 18 deaths in 115 cases treated in that institution.

Not only has homœopathy the charm of a smaller mortality, but it is capable of application even in such adverse circumstances as have been described—circumstances where hydropathic treatment could not be carried out, on account of the time and convenience that system requires. A modified application of hydrotherapy, as an adjunct, one has found helpful in the shape of an abdominal compress; this was used in several of the foregoing cases; but hydrotherapy, as such, in the treatment of so many in private practice is out of the question, so that again I must say it is highly satisfactory to get so good a result from homœopathic medication.

In the early summer of 1884 cases of enteric fever became numerous; in fact, became quite epidemic. The recently-

adopted sewerage system was assailed and condemned in no measured language ; street man-holes were said to be the source of all the mischief. That these man-holes gave forth most unpleasant odours was unquestionable, nor could they do otherwise, for an essential part of the irrigation system of sewerage had been dispensed with on the ground of economy, no provision being made for flushing, and in consequence the drains soon became fouled ; and while the report of the medical officer rightly traced the original cases to a milk supply, the drainage was the responsible agent for secondary cases.¹ Fortunately the strong feeling was turned into a proper channel. An influential committee was formed, with the Mayor at its head, who decided to provide a temporary hospital for the reception of those who could be moved, and nourishment for those who preferred remaining in their homes. In a very handsome manner the appeal of this committee was responded to. A suitable house was obtained and furnished, and the medical men of the town were requested to send patients, the arrangement being that each medical man should continue to attend his own patients there, as he would have done in their own homes. Availing myself of this arrangement, I sent in patients, and attended during the whole time the hospital was opened ; and I am bound to observe that no hostility was manifest towards homœopathy either on the part of the other medical men, the general or house committees, or on the part of the nurses of the St. Margaret's Institution, who had charge of the hospital. I sent in six patients altogether, all of whom did well, although one of them was a very severe and protracted case, being in the hospital ten weeks altogether. At the end of the first four weeks the fever terminated by crisis, the temperature remaining normal for some days, when it again rose to 104°, and a relapse, accompanied by a fresh and abundant crop of the characteristic eruption, ensued. This condition lasted about a week, when convalescence again set in, and the patient made a complete and satisfactory recovery.

It is a matter of satisfaction to me, in looking back, to know that for once, at least, the claims of homœopathy have been publicly respected in the history of St. Albans, and indicates not only the turn of the tide, but its rise, as rise it must, when its claims shall be recognised in connection with per-

¹ Efficient means of flushing having since been adopted, all complaint has ceased.

manent institutions, whose doors shall be open to medical men although they avow their belief in homœopathy, and whose inmates shall have the advantage of that humane and beneficent treatment. When these institutions take such a position they can with confidence appeal to an entire community for support, and not as now, by refusing to acknowledge the new therapeutics, practically shut out that part of the community whose sympathies are with homœopathy, and by so doing compel them to open hospitals and dispensaries of their own.

In the foregoing observations I have purposely said but little concerning remedial details, thinking it better to deal with this matter generally. There was no uniformity in the treatment, although some medicines were called for more frequently than others.

Aconite, Arsenicum, Acid.-Phos., Baptisia, Belladonna, Bryonia, Gelsemium, Opium, Phosphorus, and Rhus Tox. were the medicines chiefly used. At the beginning of the attack and during the invasive stage *Baptisia* was invariably given, unless the symptoms decidedly indicated some other remedy, when it was either not used or used in alternation with another. The reputation *Baptisia* has obtained as being abortive in typhoid induced me to fairly try it, but having done so I cannot say my experience is in support of it. That it has its place in the treatment of typhoid is without doubt, but to regard it as *the* remedy for that disease is a mistake. If used during the first week we know we are giving a remedy capable of producing pyrexia of the character of enteric, but in very few of my cases was it persisted with beyond the first eight or ten days; unless there was by that time a marked improvement it was given up in favour of some other medicine suited to the more fully developed disease, the choice, of course, being made from a consideration of the symptoms then present.

Arsenicum and *Bryonia* were the medicines most frequently used, the former chiefly where the abdominal symptoms were marked, the latter where the chest symptoms preponderated.

Belladonna, Gelsemium, and Opium were each useful in cases of the cerebral type, while as the epidemic wore itself out cases occurred of that low, asthenic type for which *Ac.-Phos.* was found the best. *Rhus Tox.* was given where, in addition to other symptoms, pains in the joints and limbs were much complained of, particularly as convalescence approached, and when any effort to stand or walk was pro-

ductive of such pain. Periosteal rheumatism felt chiefly along the anterior surface of the tibia invariably yielded to this remedy.

Concerning sequelæ I have, fortunately, very little to say; as a rule the convalescence was short and thorough. In one case, however—that of a girl aged nine—paraplegia almost complete followed. A month after the normal temperature had been reached she complained of weakness in the ankles; this increased until the patient could neither stand nor walk without support, and finally lost all use of the lower extremities. During the fever this patient had taken *Arsenicum* chiefly, and from a consideration of the condition she was now in, *Arsenicum* seemed the indicated remedy. This was given steadily for some time, and was followed by rapid and complete restoration.

St. Albans, September, 1885.

THE NORWICH CONGRESS.

THE Annual Congress of the Homeopathic Practitioners of Great Britain was held this year at Norwich, on Friday, September 25th, commencing at ten o'clock. There were present Dr. Herbert Nankivell, of Bournemouth, President; Dr. J. Roche, of Norwich, Vice-President; Dr. Dyce Brown, Hon. Sec.; Dr. E. B. Roche, Local Secretary; Dr. Dudgeon, London; Dr. Hughes, Brighton; Dr. Drury, Bournemouth; Dr. Engall, London; Dr. Hawkes, Liverpool; Dr. Harris, London; Dr. Blair, London; Mr. Noble, London; Dr. Neatby, London; Dr. Clifton, Northampton; Mr. Clifton, Leicester; Dr. Craig and Mr. Craig; Dr. Powell, London; Mr. Norman, Bath; Dr. Hayward, Liverpool; Dr. W. Roche, Ipswich; Dr. Renner, London; Dr. Nicholson, of Clifton; Dr. J. H. Clarke, London.

There was present as a guest Dr. S. Lilienthal, of New York.

Dr. NANKIVELL (who was received with loud cheers) welcomed the members to the capital of East Anglia. He spoke of the high position Norwich held in the medical world, of its famous Hospital and surgeons, of the Homeopathic Dispensary with which the names of Drs. Bell, Bayes, Holland, and Roche were connected. Dr. Nankivell referred to the necessity for institutions devoted to special therapeutics. He then went on to speak of the subject he had chosen for his address—

THE STATE OF THERAPEUTICS IN GREAT BRITAIN AT THE PRESENT TIME.

Limiting the scope of his remarks to the action of drugs and

the uses made of them, he said that physicians might be divided into two classes—(1) empirics, who gave what they observed do good in similar cases; and (2) scientific practitioners, who follow some general principle connected with the therapeutic art itself. The latter include several classes—e.g., (1) those who use the directly *opposing* effects of drugs, as *Opium* in sleeplessness, and *Astringents* in diarrhoea—anti-pathy; (2) those who seek to give the affected part *physiological rest*, as when a hydragogue purge is given to relieve congested kidneys—allopathy; and (3) where a drug is given because a disease presents a great *similarity* to the effects it could itself produce—homœopathy. It seemed strange that the promulgation of the doctrine of similars should have led to the disturbance of the medical mind and conscience. However, it came to pass that the matters at issue were never fairly discussed, or if an attempt was made to discuss them personal feeling and professional jealousy stepped in to bring discussion to an unsatisfactory ending. The teaching of Hahnemann was handicapped from the first by the corollary, not of the comparatively small dose, but of the infinitesimal dose. This corollary, in no way demanded or justified by the facts of the case, excited ridicule, and obscured, as in a cloud, the real issue. But it was not for them to-day to hinder by any recriminations the better and nobler feelings which increased scientific knowledge in the profession was slowly bringing about. Their duty was to forget the past and rather to examine the present condition of the therapeutic art and draw from it the lesson and teaching it had for them collectively, and thus to hasten forward that union, he did not say that uniformity, of thought and progress to which their profession was slowly moving.

The therapeutic methods should be divided into empirical and scientific. We are all apt to be empirics to a certain extent. We are so constituted that the symptoms of a disease cured under our observation impress themselves on our minds more strongly than the purely pathogenetic symptoms. In this way we are led to attach more importance to our experience than to the principle which underlies it. By empiricism no improvement can accrue to therapeutic art, except by some happy fluke. For all that, an astute empiric was generally successful, as he readily assimilated the discoveries of other men and kept himself well posted in all the latest “tips.”

A curious instance of the persistence of the empirical dogma is to be found in Dr. Lauder Brunton’s *Pharmacology*. He says that we do not know the action of Quinine in ague. This piece of empiricism led Hahnemann to his great discovery of the principle of homœopathy, and we now know that the curative power of Quinine in ague is due to its homœopathic relation.

Scientific therapeutics, contrasted with the empiric method,

recognised the pharmacology or the effects of drugs on the healthy organism as the basis of the healing art. No doubt this method had among its followers all the true leaders of their profession. Professor Fraser, in his address to the British Medical Association at Cardiff, said that a host of experimenters had recognised this as the true and only method by which the knowledge of remedies necessary for the cure of disease could be obtained, and that it was only by this method they could ever hope to utilise thoroughly the means placed at their disposal for placing therapeutics in a satisfactory position. What they recognise as good and useful in antipathic practice was founded certainly on the knowledge of pharmacology, though of a rude and elementary type. It proposed to treat the patient by the rule of opposites. In order to do this it laid hold of some leading characteristics of drug action, and classified them into a number of divisions, such as purgatives, astringents, diuretics, hypnotics, anaesthetics, etc. There were, no doubt, many cases in which this method was fairly successful. Secondly, it was necessary briefly to discuss, and in some degree to determine, the value of the strictly allopathic method of practising scientific therapeutics. By allopathy he meant that method of using pharmacological knowledge, so as to produce medicinal action on sound, or fairly sound, organs where a disease process was going on in another organ or part of the body. This method demanded a knowledge of the local effects of drugs, a knowledge of their special kinds of action, and a knowledge of the interdependence of the different organs of the body. As to the third and last division of scientific therapeutics, the homeopathic method availed itself of every fragment of pharmacological knowledge; it believed in every symptom contingent or absolute which occurred in the careful proving of a drug; and it looked upon those symptoms as the empire of that special drug's curative action. The means of discovering the pharmacology of drugs were by provings, poisonings, and experiments on animals. The three methods might be compared to the three branches of geography—(1) the physical aspects of a country; (2) its cities and towns; and (3) its geological formation. The therapeutic sphere of homœopathy was the exact counterpart of its pharmacology. While it welcomed every attempt to elucidate the actual *modus operandi* of the drug it applied, its unexplained symptoms were all equally valuable as the others in the practice of medicine. This method further taught them not to be content with merely naming or labelling conditions, but urged strongly taking into consideration the totality of the symptoms, whether discovered by the patient's history, the account of his present condition, or the physician's observation as the sum total of the departure from health for the needful cure. To those who prescribe according to similars this individualising of cases had been

always insisted on, and every advance in general medicine and pathology showed the importance of this more and more as they saw in the recognition of epidemic type and in the increasing importance given to heredity. Lastly, this method insisted that for the removal of the totality of symptoms, which was of course equivalent to a cure of the patient, a certain amount of a drug which pharmacologically bore the nearest resemblance to the aforesaid totality was the best possible and most probable means. Such was the tripod on which this method rested—the proving of drugs on the healthy, the individualisation of the patient, the similarity between the symptoms of the disease and the known symptoms of the remedy. Granting that this method could be readily and successfully practised, they saw at once that it possessed two great advantages over the former methods. In contradistinction to antipathy, it availed itself, or might do so, of every fact educed by a study of pharmacology. In contradistinction to allopathy its action was confined to those organs of the body which had already departed from their normal standard—the healthy organs were permitted to act without an interference which might be meddlesome and injurious. But it possessed also a third advantage, and that equally over the other methods, in that the amount of drug administered for the purpose of cure was one too small to elicit in the body of the patient symptoms which might be called medicinal, or due to the drug given ; that was to say the drug force introduced into the body was a controlling not a disturbing element, and could effect no possible harm either at the time or afterwards.

Dr. NANKIVELL said that there was some good in each system, and that one system could not be practised exclusively without detriment. This was acknowledged in the old-school text-books. What would be thought of a text-book which should omit all reference to Aconite, Belladonna, Bryonia, and a number of other medicines whose virtues are only known through homœopathy ? It was true the source of them was not admitted, and the practice was spoken of as "Ringer's plan of divided doses." The latest text-book, Brunton's *Pharmacology*, fairly reeked with homœopathy. In his "Clinical Index" at the end of the volume he gave among the remedies for tonsillitis—Aconite, Apis, Arsenicum, Belladonna, Mercurius, Phytolacea ; for vomiting—Apomorphia, Arsenicum, Bryonia, Cocculus, Kreasote, Iris, Strychnia, Tartar Emetic, Zinc ; for cholera—Camphor and Copper Salts. Given in this way, without acknowledgment of the guiding principle, these were so many "medical tips." The president concluded his address by asking whether they possessed the master-key that opened for them the various locks in the treasure-house of therapeutics. Did they see clearly that there was a natural bridge which spanned the gulf between pharmacology and the treatment of disease ? Had

they possessed themselves of the dominant law, not the sole or exclusive one, which should regulate and direct their prescription of remedies? Did the method of similars necessarily avail itself of all the wealth of drug pathogenesis possible? Did it commend itself to the inquirer by its simplicity and applicability? Did it provide them with a distinct method for approximately inferring the curative sphere from an examination of its pharmacological effects—he meant strictly on *a priori* grounds? Did it effect its cures with the greatest economy of material and the least interference with the functions and organs of the body? To all these questions his reply was a strong and undoubted affirmative, and therefore they might also with justice maintain the claim they made for the method of similars to be the master-key of the therapeutic treasure-house. There were two special dangers for them to guard against. First, let them by no means lose hope of the triumphal acknowledgment of the value and truth of their method in the immediate future, so great was the change that had passed and was passing over the profession. But it would be long yet before due acknowledgment would be paid to Hahnemann and his early followers. Secondly, let them never forget the scientific attitude of receiving and testing for themselves whatever came to the front in the onward progress of medical art. It might be that some higher therapeutic law might be yet evolved (though at present they saw not its possibility) which should be compared with the law of similars, so much more valuable as they believed that was beyond and above those other methods which they at present recognised in scientific therapeutics.

Dr. DUDGEON, of London, moved a vote of thanks to the president for his address, which showed the scientific character of homœopathy, while doing justice to other methods of medicine.

Dr. DRURY, of Bournemouth, seconded the motion, which was carried by acclamation, and briefly acknowledged by the PRESIDENT, who then welcomed into their midst Dr. Lilienthal, of America.

After an interval, during which the hon. sec. received the members' subscriptions,

Dr. A. CLIFTON, of Northampton, read his paper on Constitution, which we hope to give in our next number, with the discussion that followed.

At the conclusion of the discussion, Dr. CLIFTON briefly acknowledged the praises that had been bestowed on his paper, and the company adjourned to luncheon.

After a substantial repast (at which the company were the guests of the Drs. Roche) the business of the Congress was resumed. Dr. Hayward presented the report of the Hahnemann Publishing Society. He announced that in future the Pathogenetic

Cyclopaedia would be taken as the basis of the Society's work, and that Dr. Hughes had undertaken to prepare *Belladonna* as an example, and publish it in the *Monthly Homeopathic Review*.

After the adoption of the report, a letter was read from Dr. J. P. Dake regretting his inability to attend the Congress, in which regret his son and Dr. Morse, who were with him on the Continent, joined. Dr. Dyce Brown was instructed to thank Dr. Dake for his letter, and to express the regret of the Congress at his unavoidable absence.

It was resolved that no Congress should be held next year, the International Homœopathic Congress to be held at Brussels in August being regarded as taking its place. Liverpool was chosen as the place of meeting for 1887, and Dr. A. Clifton, of Northampton, was elected President for that year; Dr. Proctor was elected Vice-President, Dr. Hawkes Local Secretary, and Drs. Dyce Brown and Madden were re-elected Hon. Secretary and Treasurer.

In Dr. J. GALLEY BLACKLEY's unavoidable absence, his paper, entitled *Doctors and Chemists*, was read by Dr. Dyce Brown. Dr. Blackley referred to the great debt homœopathy owed to the earlier chemists; and he advocated that properly qualified men, whose qualifications were certified by the Homœopathic Pharmaceutical Society, should be insisted on. He objected to ordinary chemists dispensing homœopathic medicines. He thought doctors should write more prescriptions than they do; and that chemists should be more uniform in their charges.

Dr. HAYWARD thought practitioners should send more prescriptions to the chemists.

Dr. A. CLIFTON spoke of the difficulties of breaking patients of the habits they have become accustomed to; many patients could only afford a doctor's fee, and could not afford to pay for a prescription being dispensed as well. Chemists did not always follow the directions of Hahnemann, using old plants at times instead of fresh plants.

Dr. DUDGEON said Dr. Clifton's remark on the necessity of chemists following Hahnemann's directions was most important. Chemists prefer to make *Arnica* tincture from the flowers, whereas Hahnemann directed the root to be used. He thought some of the accidents with Arnica might be due to this difference. It seemed a curious thing that Dr. Blackley should talk of an Act of Parliament to compel doctors to prescribe, whilst the great grievance in Germany was that doctors are compelled to prescribe in accordance with the old regulations.

Mr. CLIFTON, of Leicester, recommended that the matter be referred to the Congress which is to meet in Liverpool in 1877, and that a committee of the Homeopathic Pharmaceutical Society be asked to confer with Congress.

NORWICH.

The rest of the afternoon was occupied in visiting the most noteworthy buildings and places of interest in the ancient city of Norwich, under the guidance of Dr. E. B. Roche, including the Norman cathedral, the museum with its unrivalled collection of birds of prey, the Guildhall with the town regalia and the Spanish admiral's sword presented to the town by Nelson, and the dungeon below where Bilney the Lollard martyr was confined for weeks before being burnt.

THE DINNER.

In the evening the members reassembled at the Royal Hotel, and sat down to dinner with the following guests:—The Revs. W. H. Harrison and G. S. Barrett; Dr. Shephard Taylor, physician to the Norwich Hospital; Mr. H. P. Gould and Mr. H. J. Copeman. After the usual loyal toasts Dr. Nicholson, of Clifton, in proposing "The Army and Navy," spoke of a friend of his, an officer in the Guards, who had a chest of homœopathic medicines, and who gained a great reputation among his brother officers during the operations in the Soudan. *Belladonna* was most useful in heat-stroke, and *Mercurius* and *Arsenicum* in intestinal complaints.

Mr. NORMAN, of Bath, proposed "The Clergy and Ministers of all Denominations," remarking on the close alliance there is between the profession of a minister of religion and the profession of medicine:

The Revs. W. H. HARRISON and G. S. BARRETT responded. Mr. Harrison said that homœopathy had been the greatest blessing to him, placed as he was in the midst of a country parish, with no parish doctor nearer than five miles. The late Dr. Chepmell had taken great pains to teach him, and he had benefited much by his instructions. He had shown his own earnestness in the cause of homœopathy by the action he had taken in helping to obtain for the Norwich Homœopathic Hospital its share of the Hospital Sunday Fund.

Mr. BARRETT said it was to him a matter of the deepest regret that the great body of practitioners took up the position they did in regard to homœopathy. If medicine had been an exact science there would have been some excuse. But no less an authority than Sir Andrew Clark had recently said that our knowledge of the natural history and progress of disease uninfluenced by drugs was so trifling as not to be enough for the commonest purposes of the therapeutic art. He was astonished that gentlemen of liberal education and scientific habits of mind should pass by a vast body of truth represented by homœopathy. He referred to Dr. Hughes's *Pharmacodynamics*, the fair-mindedness and scientific spirit of which he warmly commended. He

alluded to the better position of affairs in America, where Harvard College—the Oxford and Cambridge of America—had invited Dr. Hughes to lecture to them on homœopathy. He mentioned as an honourable exception to the attitude of the old school, Liston, the great surgeon, who admitted that some of his best medical treatment he had learned from the homœopaths. He hoped that qualified practitioners of both schools would soon join hands.

The PRESIDENT proposed “The Memory of HAHNEMANN.” In Europe and in America the work of Hahnemann was everywhere apparent. The works of the opposite school—of Bartholow, Phillips, Ringer, Brunton—are full of applied homœopathy. Hahnemann is not acknowledged by them, but his works are appropriated; and we at least will never forget the debt we owe him. The great fact that he demonstrated, the law he elucidated, remain to us; and his memory will always be cherished by us as of one of the world’s greatest benefactors. The toast was drunk, as always, in silence.

Dr. DUDGEON proposed “Our Hospitals and Dispensaries.” He alluded to the flourishing condition of the London Homœopathic Hospital as compared with the languishing condition of certain allopathic hospitals. He spoke of the new Hospital being erected at Liverpool, and of the valuable work done at the homœopathic dispensaries throughout the country, not forgetting the excellent Norwich Dispensary.

Dr. CLARKE replied, evidencing the usefulness of dispensaries in his own case. It was through seeing the excellent work done at the Liverpool dispensaries that he became convinced of the superiority of Hahnemann’s method, and it was there he first learned to practise it. He referred to the fact that the first homœopathic hospital in the southern hemisphere had just been built at Melbourne, Australia.

Dr. HUGHES proposed “Our Guests.” He would speak first of the guest who was the oldest, and had come the farthest, Dr. Lilienthal. When he was in the United States, in 1876, Dr. Lilienthal had greeted him with, “Why, you are quite a boy! I thought you had been a much older fellow.” He (Dr. Hughes) was now happy to be able to return the compliment. In spite of his seventy years he could still say to Dr. Lilienthal, “Why, you are quite a boy!” Dr. Lilienthal, in spite of his labours as editor, teacher in two colleges, and busy practitioner, bore all with youthful buoyancy. The presence of Dr. Shephard Taylor he regarded as not only a very great pleasure, but as a good omen. As Dr. Nankivell’s old college friend, he had at once accepted his invitation to be present. A congress which had brought forth such a philosophical address from our president, and had been marked as the first at which we had counted an allopathist among our guests, must be always notable in our

annals. He looked forward to the time when there should no longer be allopathist or homœopathist. He called on the company to drink to "Our Guests," coupling the toast with the names of Drs. Lilienthal and Shephard Taylor. The toast was drunk with great enthusiasm.

Dr. LILIENTHAL said he had come in great haste from Paris to be present at the Congress, and he was going back again to that city when it was over. It gave him the greatest pleasure to meet his colleagues, whom he would not call colleagues, but brothers. Hahnemann had a monument in Leipsic, but his real monument was in America. He lived in the work of his followers. The allopaths were now fighting among themselves about homœopathy. They were divided into two camps—the "Broadway" and the "Bowery" fellows, representing the new and the old Codes. The most enlightened of the allopaths would just as lief consult with a homœopath as an allopath. But in point of fact the homœopaths don't want them. They have just as good pathologists and diagnosticians in their own ranks as the allopaths have. He spoke of the doctors and their relations to chemists. It was no economy to buy cheap homœopathic medicines. The best were to be obtained, at whatever price. Dr. Talcott says all he needs is good medicines. Homœopathic medicines bought at allopathic chemists' were not worth a cent. The cost of homœopathic medicine is so little that no pains should be spared to have them good. Where £1,000 is spent in homœopathic medicines, it would cost £10,000 to supply the same number of allopathic patients.

Dr. SHEPHARD TAYLOR stated that it afforded him great pleasure to be present at the Congress, as the President was one of his oldest and best friends. In the next place, he did not share at all those antipathies which some of his professional brethren had to that section of medicine to which the members of the Congress belonged. It was a great pity that they should not extend the right hand of fellowship to a body of men, many of whom were hard workers in the field of science.

Dr. ROCHE, sen., in proposing "Homœopathic Journalists and their Literature," explained that being an allopath in his younger days, he was then converted to homœopathy when at Liverpool by seeing how successful a homœopathic practitioner was in his treatment of cases of Asiatic cholera.

Dr. HUGHES replied, and Dr. HAYWARD proposed "The President," and Dr. NANKIVELL returned thanks. The toast list included "The Healths of Drs. Roche," and special thanks were given to Dr. E. Roche for the great labour he had taken to make the Congress so great a success.

A number of the members stayed in Norwich on Friday night, and visited the Norfolk Broads on the following morning. Dr. E. Roche had organised the trip, and the arrangements were

simply perfect. Those who stayed were amply rewarded, and came away delighted with their trip. That the Congress was a signal success is beyond a doubt. That the success was due in very large measure to the kind entertainment of the Drs. Roche, and the admirable provisions made for all possible wants of the visitors by the late secretary, Dr. E. B. Roche, is the impression that every member of the Congress must have carried away. Anything of the kind so perfectly arranged as the trip to the Broads none of those present had ever before experienced.

SPECIAL CORRESPONDENCE.

LIVERPOOL.

THE Liverpool Homœopathic Medico-Chirurgical Society held its inaugural meeting for the Session on the first of the month. The accounts of the Society were presented, and showed the funds to be in so satisfactory a condition that the annual subscription was omitted for the ensuing year. Several friends and allopathic medical men were present. Dr. Hayward gave his presidential address, which, contrary to custom, was to be followed by a discussion. His subject was, "What should be the bearing towards homœopathy of the young members of the medical profession?" His conclusions were—that while weaker vessels might study and practise homœopathically in secret, all with any backbone physically and morally would openly investigate the system and, if convinced of its truth and importance, honestly and avowedly confess their convictions and mode of practice. An interesting discussion followed the paper; the general opinion being that not only was the latter course described by the president the only honourable one, but that it was craven, now that the sea of prejudice against practitioners who practised according to the homœopathic rule was ebbing, for those who were reaping the benefit of the struggle and sufferings of the older members of our body to refuse to take their positions in the ranks and bear the mitigated troubles which such a proceeding nowadays entails.

Several conversions to homœopathy are in progress in our city, and a few young members are about to set up in practice in the near future; while there is daily evidence that our friends the enemy are making use of our ammunition in our method and with good result. There will be no lack of workers when our new hospital is erected to make homœopathy fairly "boom," as our American visitors would express it.

FROM ABROAD.

(ABSTRACTS AND EXTRACTS.)

MELBOURNE.

THE NEW HOMŒOPATHIC HOSPITAL.

THE new Homœopathic Hospital, the foundation-stone of which was laid by the Marquis of Normanby, then Governor of Victoria, in 1882, is now nearly completed, and will be opened in about a month's time. The hospital forms a striking architectural ornament to one of the main approaches to Melbourne, on the St. Kilda Road, near the Victoria Barracks. The site, which is about an acre and three-quarters in extent, was granted by the Government, and about £12,000 has been expended in erecting a large pile of buildings, chiefly in the Renaissance style. It is claimed for the building that it has more modern improvements than any hospital in Melbourne. It is designed upon the pavilion plan, which affords admirable light, ventilation, and sanitary arrangements. The building has three floors—the basement (in which are the kitchen, the out-patient rooms, and sleeping apartments for the nurses and servants), and the first and second floors, which comprise the administrative offices in the centre, the two main wards—each 72ft. by 25ft.—on the right wing, and the wards for the fever and other contagious diseases, and for operating and surgical cases, nearest the roof. There are spacious apartments for the board-room, the resident surgeon, and the lady superintendent, who is to derive her title from the fact that nurses are to be trained under her supervision under a three-years' engagement before receiving a certificate of competency. The entire building is of red Northcote bricks, with hydraulic freestone dressings, which are supplied by the company manufacturing them under a satisfactory guarantee, and which were put to severe practical tests to prove their durability before they were allowed to find a place in the façade, which is very handsome and imposing. The wards are all finished with Keen's cement, so as to be impervious to the germs of disease, which in some hospitals are so fatal to the well-being of the patients. The floors are of polished kauri pine, fastened with secret nails, so as to give a surface as even as a mahogany table; and there is a window to every two beds, of which there will be seventy-two. The windows on each side of the main wings open on to a broad balcony, which commands a fine view, and is open to fresh breezes on every side, as there are no other buildings near the hospital. The circulation of fresh air in the wards is promoted by Tobin's vents and hopper ventilators, the one to let in pure air and the other to let out the vitiated atmosphere. The lavatories are provided with hot

and cold water, and double circulating appliances are employed to keep the water from the boilers constantly passing along the pipes and returning to the heating apparatus, so that at the farthest part of the building it is of the same warmth of temperature. The sewage matter is conveyed by Okmen's patent system directly into the reservoir carts to be carried away, and provision is made for keeping the pipes sweet by flushing, and for trapping foul gases, which pass upward into pipes, and thence through the roof. The main wards are 16ft. 6in. in height, and the smaller ones are 14ft. high. They are provided with electric bells, which communicate with a tell-tale dial below stairs; and the fire-flues, which in summer are to have gas-stoves, all have mantelpieces of marble, which can be kept more scrupulously clean than any other material. The fireplaces will be used by the nurses for warming medicines, etc., but the food for the patients will be sent up from the kitchen by means of a rapidly-ascending lift passing through the entrance to each of the wards. The foundations for the kitchen and quarters for the nursing staff were laid in bluestone at the rear of the hospital, and will be completed at some future time, but for the present the basement storey, which has been comfortably adapted to these uses, will meet all requirements.

Among the ornamental features of the building are a main tower, 77 feet high, over the main doorway, and two mansard towers, 60 feet high, on each right-hand corner of the pavilion, and the ornamental ironwork which fringes them adds much to their graceful appearance. The visitor, on entering the hall, stands under richly ornamented cornices, and an arch supported on Corinthian columns, and bearing the homœopathic motto, "*Similia similibus curantur*," and before him, on the front landing, is to be placed by Dr. W. R. Rae a handsome memorial window in memory of his father, one of the first physicians of the hospital, which, in the shape of a dispensary in Collins Street, was founded in 1869. It has so far prospered that the committee will open the new building with an overdraft of only £3,000, and they have been able to send to Boston for Dr. Borton, a homœopathic physician of repute, who has had the advantage of having undergone a thorough training in the homœopathic colleges of America, the home of this branch of medicine. He will commence duty on the 1st of October next. The overdraft, it is expected, will be materially reduced by the ball which will take place in the Melbourne Town Hall under the auspices of the hospital, on Thursday. The opening ceremony is to be invested with some religious impressiveness, which is deemed to be appropriate to the philanthropic objects of the institution. There will be a full choral service, in which the choirs of the leading Anglican churches will take part.

The architect of the hospital is Mr. T. J. Crouch. The blue-

stone foundations were laid by Mr. J. Edmonds, and the superstructure was built by Mr. W. H. Deague, both of whom have done their work to the satisfaction of the committee. At present the whole of the ground granted by the Government is not available, but it will be added to the front of the building, and a lawn laid down when St. Kilda Road is aligned, so as to run in a straight line towards the new Prince's Bridge. When this is done there will be an additional area to be enclosed at the back, which at present lies low, and is in a very rugged state of nature. It is now being filled up, and in course of time it will assume an appearance in keeping with the building.

The hospital as now carried on in Spring Street has only accommodation for seventeen in-patients, and the committee have daily to turn away cases which they would gladly admit if they had room. In the new building the wards for paying patients will be much enlarged, and the working expenses will be still further reduced by the system of training nurses, to which we have made reference. The young women will, after undergoing a course of tuition and probation, be available for employment by private families under a guarantee of competency from the hospital committee, and their earnings will go into the hospital funds, which is the fee the cadets will pay for being taught their business. In this way some of the English hospitals not only nurse their own patients free of charge, but contribute something to the general account. The application for employment by educated young women on these terms will be encouraged in the new hospital by absolving them from doing menial work, which will fall to the lot of wardswomen or cleaners, who will live on the premises. The nurses are to have sleeping apartments and dining rooms apart from the cooks and other servants.—*The Argus.*

REVIEWS OF BOOKS.

CLINICAL OTOLOGY.¹

In the preface to these lectures Professor Houghton writes:—“The book is not written for the specialist, but for the student and the busy practitioner, who will find in it suggestions for the treatment of aural disease, and indications that have proved effective in a large clinical practice.” To the general practitioner we can strongly recommend the book as a guide to the homœopathic treatment of ear diseases. The frequency of

¹ *Lectures on Clinical Oatology.* Delivered before the senior class in the New York Homœopathic Medical College. By Henry C. Houghton, M.D. Boston: Otis Clapp and Son. London: Homœopathic Publishing Company.

affections of the ear and their seriousness if neglected, with the fact that the homœopathic body in this country possesses only the one eminent specialist in aural disease, who resides in the metropolis, render it necessary for every homœopath to make himself acquainted with the diagnosis and treatment of aural disease, unless he be content to send his patients to the local specialists at his disposal. By this latter proceeding he deprives his patient of all treatment beyond the mechanical and local applications on which these specialists rely; or, if he subjects his patient to a "dual control," it is at the risk of his self-respect and that of the patient for him. A third alternative is to treat the symptoms and their concomitants with our medicines to the neglect of any accurate diagnosis and of local and mechanical aids; this resort, however, few will recommend or adopt. The great majority of ear diseases can be recognised and treated by the general practitioner; and what a crime it would be to allow ignorance or laziness to deprive our clients either of the special surgical treatment or the homœopathic medication in such diseases, a perusal of the work before us will demonstrate. The homœopath who has felt the want of direction in the treatment of aural disease has, until comparatively recent times, relied upon separate books for these two means of cure, thus involving extra labour with less satisfactory results; we therefore hailed Dr. Winslow's work on the ear; and still more do we welcome the book before us from its being in the clinical form. The busy medical man finds it more interesting and instructive to read lectures than text-books; Watson's *Physic*, *Trousseau's Lectures*, Hughes's *Therapeutics*, and other books, arranged in the form of lectures, occur to us as being special favourites with the general practitioner.

At the commencement of the book are two excellent plates representing the appearance of various conditions of the membrana tympani. These were drawn from nature by Politzer, and considerably add to the attractions and usefulness of the book. The knowledge that the colour of the drum of the ear may vary considerably in healthy ears, and according to the light and the speculum used, is of importance if we are to avoid ascribing to a healthy variety the import of a pathological change. In the examination of the ear, as of other organs, it is necessary to be thoroughly acquainted with the normal condition and its varieties. In Figs. 1, 2, 3, and 4 of Plate I., it is attempted to show the varieties, in colour and transparency, which the healthy, or almost healthy, ear may evidence. To our sense of colour the pale slaty bluishness of the membrane is not sufficiently marked in any; more especially in Fig. 1, in which it is stated the bluish colour predominates, do we quite fail to recognise the ordinary shiny, bluish membrane. No objection, however, can be made to the other figures of this and

the following plate, they are graphic in form and true in colour, and should be at every physician's service for reference, for comparison with morbid specimens, as these present themselves.

The lectures are twelve in number, and are followed by a comprehensive Repertory of sixty pages, divided into parts for ear general, ear external, ear middle, and ear internal; an anatomical division which, in such an organ as the ear, and where most of the symptoms are so obscure, must be very difficult for satisfactory development. The first lecture, although included in Part I., which is devoted to the external ear, is really an introduction of the lecturer and his subject and the use of one or two aural surgical appliances.

In lecture No. 2 the professor reports that he found picric acid to be almost a specific for boils of the external meatus; but, as *Hep.-Sulph.* was often required to complete the cure, a combination of these two drugs suggested itself to him. This compound is called *Calcarea picrata*, and that it supports the statement of Dr. Hering that "the combination of two remedies in a compound gives the curative action of each in a greater degree," seems to be warranted by Professor Houghton's experience and by that of other American writers on the ear. (*Vide Diseases of the Ear.* By C. F. Sterling.) Petroleum as a local application, and as a vehicle for the local use of drugs, appears to be much more commonly used in America than with us; we do not remember its use in the practice of any English aurist; on the other hand Iodoform is apparently no favourite with Dr. Houghton, though used with such freedom in Europe for chronic suppurative inflammation of the middle ear in the forms of powder, solution, or as small sticks with cacao butter.

After the third lecture there are some interesting cases and a summary of remedies, illustrating the treatment of disease of the external ear in the professor's clinic. The fourth lecture commences the diseases of the middle ear; these with their remedies and illustrative cases carry us to the end of the tenth lecture; and the last two chapters are devoted to the internal ear.

In contrast to the freedom with which British aurists prescribe syringes for their patients' home use, we notice, on p. 74, that Dr. Houghton writes:—"For a number of years I have abandoned its use save for the removal of foreign bodies, or masses of dry or softened detritus, in the canal or the cavity of the tympanum. When using it, either in clinical or private practice, I follow its use with the absorbent cotton, drying every portion of the exposed mucous membrane as perfectly as possible. I am satisfied that more mischief is likely to follow its abuse than its entire prohibition in the hands of the laity." In the eighth lecture the treatment of polypoid growths in the canal and of excessive granulations is discussed; we have care-

fully employed the internal and local treatment mentioned by the professor, but in several cases without satisfactory result, against these obstinate affections.

Cinchona for haemorrhage from the mucous membrane of the middle ear is new to us; we are availing ourselves of the hint in a case now under treatment, where there is idiopathic bleeding from both ears and also down the Eustachian tube into the throat.

In the ninth lecture the consequences of chronic suppuration of the middle ear are described, and bear evidence to the importance of attention to aural diseases, in which relation it is to be noted that life insurance societies refuse to take risks on persons who have long had a purulent discharge from the ears.

HAVEN'S SHORT-HAND CHART.¹

HAVEN's Practical Phonography appears to be a simplification of and an improvement on Pitman's. The lessons are well arranged, and with the persevering practice any system demands should be easily acquired.

CHART OF TUMOURS.²

THIS chart, which is accurately described in its title, gives one of the best arrangements of the subject we have seen. The practitioner can see at a glance what kind of tumour a patient may be suffering from, and all about it; and the student will find the chart an excellent means of learning the subject.

¹ *Haven's Short-Hand Chart*, containing the entire theory of "Haven's Practical Phonography," arranged especially for self-instruction in twelve easy lessons. By Curtis Haven. Published by the author, P. O. Lock Box, Philadelphia, Pa.

² *Chart of Tumours*. Embracing the Classification, Characteristics, Diagnostic Features, Prognosis, and Treatment. By G. F. Shears, M.D.

SENSATIONS OF THE DROWNED.—A curious and instructive piece of evidence was given at the trial of the servant girl, Redstone, at the Central Criminal Court, for attempting to murder two little children—Amy and Maud Weir. It will be remembered that Redstone, after breaking all the crockery in the house, took the two children for a walk and threw them into the Thames near Kew. Amy, the elder of the children, a bright intelligent child of seven years, gave her evidence in a remarkably clear and artless manner. She said that she sank till she felt her feet touch the bottom, and that she then fell asleep till she found herself wrapped up in the boathouse. There was no pain beyond the first shock of the water.

REPORTS OF INSTITUTIONS.

LONDON HOMEOPATHIC HOSPITAL AND MEDICAL SCHOOL.

It is gratifying to report that Lord Ebury, at the earnest request of the Board of Management, conveyed to his lordship by Mr. Chambre, has consented to accept the position of President of the Hospital, which was vacant by the lamented death of the Earl Cairns some months ago. Lord Ebury's acceptance of this position will be pleasing intelligence to all who have the interest of the Hospital at heart, or who have been aware of the great support to homœopathy which his lordship has rendered. The position could not be better filled than by a nobleman who, during the whole history of the Hospital, alike in times of trial and difficulty, of success and prosperity, has stood by the Institution and the cause it represents.

Lord Ebury having accepted the Presidency, the position he has so long occupied, Chairman of the Board Management, became vacant, and by a unanimous decision of the Board of Management Mr. Chambre was deputed to ask the consent of Major Vaughan Morgan to accept that position. It will be equally gratifying to the friends of the Hospital to know that Mr. Chambre was successful in securing Major Vaughan Morgan's consent.

The gallant Major has on more than one occasion proved a staunch champion of homœopathy, and his long and invaluable services to the Hospital, together with the esteem in which he is held by all connected with it, are too well known to need recapitulation.

Mr. Robert Palmer Harding, Chief Official Receiver in Bankruptcy, has accepted a seat at the Board of Management of the Hospital.

The average number of beds occupied daily during the month of September was 54. The total number of patients in the Hospital since the 1st April has been 339, the number for the same period in 1884 being 322.

The legacy of £200 left by the late Miss Berner, of Camberwell, has been received.

The Hahnemannian oration delivered by Dr. Dyce Brown at the opening of the Winter Session of the Medical School on Monday, October 5th, was well attended, and was entitled "The Reign of Law in Medicine." It will probably be published in the month of December.

An introductory lecture on *Materia Medica* was delivered by Dr. J. H. Clarke on Monday, October 12th.

It is hoped that the members of the medical profession will not overlook the present facilities of the Hospital for sending

its trained nurses to nurse medical, surgical, and midwifery cases. The advantage to a medical man in having his patient in charge of a nurse trained under the practice of homœopathy, and who will faithfully carry out his directions during his absence, is very great.

CALCUTTA HOMEOPATHIC CHARITABLE DISPENSARY.

WE are glad to receive the first Annual Report of the above Dispensary and to learn that it has done excellent work during the past year. There were 983 admissions, and of these 84·7 per cent. were cured. The hon. secretary and hon. physician is Dr. Satkari Dey, and the hon. midwife Mrs. M. M. Roy. The founder, Dwarkanath Banerjee, makes a strong appeal for funds to enable the committee to support paid medical officers. We trust he may meet with a generous response.

GENERAL CORRESPONDENCE.

THE RIVIERA.

To the Editor of the Homœopathic World.

SIR,—A certain number of your readers no doubt feel some interest in the present sanitary condition of the *Riviera*, as it is called by the Italians, or *littoral*, as the French have it. This must be my apology for wearying you with a few details on this subject. While the natives are principally occupied with the impending elections, for us the point of absorbing interest will be the presence or absence—present or future—of that redoubtable enemy the cholera. It can matter very little to us whether M. Boriglioni, the *opportunist*, or M. Bischoffsheim, the *conservateur*, or M. Balestre, the *intransigeant*, represent the department of the Alpes Maritimes, but we are greatly concerned in knowing whether our invalided countrymen can venture abroad this year without fear of encountering an enemy more virulent than that from which they are fleeing. I am happy to be able to reassure my friends on this head—no case of cholera has occurred throughout the summer either at Cannes or Mentone. Accounts vary as to whether Nice has entirely escaped; some assert that a well-known hotel proprietor, who died after a few hours' violent illness, was a victim to this dire disease, while others as strenuously maintain that he died from the results of poison self-administered to escape the consequences of his improvidence and perhaps dishonesty. However this may be, there can be

no doubt that the French Government itself is greatly to blame for its carelessness in quartering a large body of men destined to retrieve the defeat of Lang Son in the immediate neighbourhood of Marseilles. Professors Hunter and Pettenkofer, to say nothing of Burden Sanderson, fully agree that the assemblage of large numbers of men in camps greatly fosters, if it is unable to originate, the development of the much discussed cholera germ. Even after the outbreak of cholera the Government did not at once entirely disband and disperse the troops as is always done in India, but merely removed a certain number to other places, whither the cholera naturally followed them.

I am glad to be able to assure intending visitors to the Riviera that they need not disarrange their plans through any fear of the cholera.

ALFRED DRYSDALE, M.B. Lond., Etc.

Cannes, September 24th, 1885.

THE HOMŒOPATHIC PHARMACEUTICAL ASSOCIATION.

To the Editor of the Homœopathic World.

SIR,—I am looking forward with some degree of interest to the publication of the address of the President in August last, setting forth "the advantages to be derived from becoming a member of the Association."

I am a little curious to know how it comes to pass that if there are and have been such advantages derivable, efforts have not been made long ere this to secure the membership of all *bond fide* homœopathic chemists.

In my own case, I have been in business on my own account for about ten years, and was manager of a pharmacy prior to this for about the same period; yet I have never once during that time received in any shape or form a communication as to the Association, and in fact, until quite recently, was under the impression it was defunct, and I believe I am not the only one thus in the dark.

October 21st.

A PROVINCIAL HOMŒOPATHIC CHEMIST.

VARIETIES.

EBYTHROMELALGIA.—A curious case which had been under the care of Dr. Weir Mitchell was exhibited at a meeting of the Philadelphia Neurological Society. The patient was a man aged fifty-three, a blacksmith by trade. Rather more than three years ago the first symptoms of the affection appeared in the form of pain in the inner side of the second toe of the left foot. A year later the

third toe was affected, and still later the fourth and little toes, and four months ago the great toe became involved. The toes were all affected in the same manner; first, a burning sensation, followed by an aching pain, was experienced, and some weeks after discoloration of the affected toe set in. The toes of the right foot also became affected, though to a less degree, about a year ago. The pain is not worse in wet or cold weather, but it is more severe at night when the feet get warm. Occasionally twitchings, chiefly nocturnal, have been felt in the calf of the left leg. The second left toe was amputated at the proximal joint; the wound healed slowly, and the pain was relieved in all the toes. At the present time all the toes affected are discoloured; the left foot up to the ankle is covered irregularly with reddish patches, which disappear on pressure, and are more or less sensitive. Sharp shooting pains above the arms have been experienced from time to time. The nature of the case seems somewhat obscure; it may possibly have alliances with the protean conditions which accompany the first stages of tabes dorsalis.—*Lancet*, Feb. 28.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Baily (J.). A Physician's Pharmacopœia, containing Formulae of Unofficial Preparations with the object of securing uniformity in Dispensing, and to discourage Secret Nostrums. (Baillière. 3s. 6d.)

Daniel (A.). A Text Book of the Principles of Physics. 2nd edition. (Macmillan. 21s.)

Foster (J. E.). Impediments of Speech: their Cause and Cure. (Simpkin. 2s. 6d.)

Fothergill (J. M.). Diseases of Sedentary and Advanced Life, for Medical and Lay Readers. (Baillière. 7s. 6d.)

Gibbes (Henesge). Practical Histology and Pathology. 3rd edition. (Lewis. 6s.)

Gottstein (J.). Diseases of the Larynx. Translated and added to by F. McBride. (W. and A. K. Johnston. 8s. 6d.)

Houghton (H. C.). Lectures on Clinical Ototology. Delivered before the Senior Class in the New York Homœopathic Medical College, to which are added Cases from Practice and Summaries of

Remedies. (Homœopathic Publishing Company. 14s.)

Marshall (A. M.). The Frog: an Introduction to Anatomy and Histology. 2nd edition, revised and enlarged. (Smith and Elder. 3s. 6d.)

Murchison (C.). Clinical Lectures on Diseases of the Liver. 3rd edition. Edited by T. L. Brunton. The Section of Tropical Diseases by Sir Joseph Fayrer. (Longmans. 24s.)

Roberts (W.). Lectures on Dietetics and Dyspepsia. (Smith and Elder. 3s.)

Rohe (G. H.). A Text Book of Hygiene. A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. (Baltimore. 16s. 6d.)

Semple (G. E. A.). Aid to Medicine, Part III. New edition. (Baillière. 2s.)

Wise (A. T.). Alpine Winter in its Medical Aspects. 2nd edition. (Churchill. 2s. 6d.)

* * To be continued Monthly.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would

therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct and return to the Editor as early as possible.

DR. STANLEY WILDE has removed from Nottingham to Cheltenham, where he succeeds Dr. Simmons. His address will be for the future, 1, Eva Villas, Cheltenham.

DR. MARKWICK has removed from Leinster Square, London, to 32, Ventnor Villas, Hove, Brighton.

MR. JOHN GILLET, Southport.—Your surmise is unhappily correct. Nothing has been done in Spain to show the superiority of the homœopathic treatment of cholera as far as we may judge from the Spanish homœopathic journals. They have a great deal to say about the disease, of course, but no experience to report.

THE MEDICAL ERA.—We much regret that through oversight we omitted to acknowledge the receipt of back numbers of this excellent contemporary. They were regularly received, and we hereby tender our apologies.

CORRESPONDENTS.

Communications received from Dr. Dudgeon, London; Dr. Stanley Wilde, Clifton; Dr. J. W. Hayward, Liverpool; Dr. J. D. Hayward, Liverpool; Mr. Milnes, Brigstocke; Dr. Clifton, Northamp-

ton; Dr. Murray, St. Albans; Mr. Jno. Gillet, Southport; Dr. Drysdale, Cannes; Dr. Vawdrey, Birmingham; Dr. Markwick, Brighton.

BOOKS AND JOURNALS RECEIVED.

Allgemeine Homœopathische Zeitung.—Zoophilist.—Medical Advance.—Monthly Homœopathic Review.—Revue Homœopathique Belge.—Homœopathische Monatsblätter.—Medical Investigator.—Bibliothèque Homœopathique.—New York Medical Times.—American Homœopathist.—St. Louis Periscope.—United States Medical Investigator.—Medical Advocate.—Clinique. Medical Visitor.—Chemist and Druggist.—American Observer.—The Homœopathic Journal of Obstetrics.—La Reforma Medica.—Chart of Tumours. By G. H. Shears, M.D.—Lectures on Clinical Otology. By Henry C. Houghton, M.D.—Annals of the British Homœopathic Society.—Medical Era.—Haven's Shorthand Chart.—The Bee Journal.—Report of the Calcutta Homœopathic Charitable Dispensary.—The Argus, Melbourne.—Epithelioma of the Mouth.—Transactions of the Homœopathic Pharmacuetic Association.—The Guide.—Lecture on Homœopathy. By C. Wesselhoeft.—Medical Annals.—California Homœopath.—Revista Homeopática Catalana.—Boericke and Tafel's Bulletin.—Homœopathic Physician.—Hahnemannian Monthly.

THE
HOMŒOPATHIC WORLD.

DECEMBER 1, 1885.

TO OUR SUPPORTERS.

WE cannot close the first year of our editorial connection with the HOMŒOPATHIC WORLD without one word of thanks to those who have so generously supported our efforts, whether by sending contributions to our pages, by reading what we have provided, or by speaking kind words of approval and encouragement. The response to our appeal for helpers in the work exceeded our highest hopes: we have never wanted for original articles, no less valuable than interesting, since we took the reins of office; and from all parts of the world Special Correspondents have provided us with interesting intelligence of the progress and status of our cause, which it is in the highest degree important that we should know.

But of all the support a journal receives there is none so essential to its vitality as that given by its readers. Articles may be never so good, and contributors and editor never so wise, if there are no readers who care for their style of wisdom the journal is dead. Happily our lot has been different from this; and the consciousness of the support we have had from our readers, and of the lively and kindly interest they have taken in our labours, has enabled us to put our whole heart into our work.

A word of thanks, also, is due to our publishers. New brooms sweep clean, and new editors like to make sweeping changes. But editors are not omnipotent, though they may be—or ought to be—omniscient; and when publishers are

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obstructive, editors must be content to do what they can, and not what they would. We beg to state that any suggestions of changes we thought fit to make were entertained in the most liberal spirit, and every facility given for the carrying out of our views.

Gratitude has been wittily said to be a lively sense of favours to come. If that be in any degree true of the gratitude we have here expressed to our supporters one and all, we only hope that the sense may prove a true sense, and that we may be favoured in the coming years even more abundantly than in the year now departing. If our readers have felt that their support has been fairly earned, if they believe that our common cause is a good one and a worthy, we ask them to aid in the furtherance of the cause by making our work more fruitful. Whether we write for one hundred readers or one hundred thousand, the work to us is just the same. Whether we write for a smaller or a larger number depends in no small degree on our present circle of readers. It is in their power to draw the attention of others to that which has been a source of profit or pleasure to themselves. We appeal to them, therefore, to aid the cause, not only by continuing the support they have so generously given in the past, but to commend our journal to the notice of all of their acquaintance who are, or may be, interested in the reform of medical practice, and to induce them to subscribe for the twenty-first volume—it is entering the year of its majority—of the HOMŒOPATHIC WORLD.

A NEW PROPAGANDA.

We cannot doubt that many disciples of homœopathy would hear with sincere gratification of a proposal to form a new Association for the promulgation of homœopathic principles. Yet it has for so long been regarded as settled that the pioneering of our advanced medical faith has all been done and finished long ago, that the announcement may possibly arouse different feelings in different minds.

There are those who think that so firmly established is the main doctrine of homœopathy, and so far has its auxiliary methods of dosage and administration succeeded in modifying the practice of the old school, that nothing remains but to allow its central principle to be gradually absorbed into the allopathic practice, its professors to become indistinguishable from the more unenlightened practitioners, and the homœopathic propagandism to die of its own respectability. It is said that the public enthusiasm for the truer doctrine has played itself out, that the establishment of the homœopathic theory so effectually that it can now be neither laughed at nor ignored has sunk the feeling about homœopathy to the dead level of all beliefs in perfectly recognised facts. But how far this appearance arises from the recognition to which homœopathy has contested its right, and how far to the latter-day lethargy of its followers, who seem to have abandoned the early methods of disseminating its truths, is a question which could hardly be determined without practical proof.

That homœopathy has worked its way into recognition in a marvellous manner, and with a success consistent only with the absolute truth of its theory and correctness of its practice, is most unquestionably the fact. The later therapeutic works of the old school are full of gleanings, more or less crude, and more or less palpable, from homœopathic science. So that the science is becoming recognised. But only the science. The professors are still far from absolute recognition as scientific workers. Of the gross injustice of this curious and ridiculous attitude it is quite useless to speak. It is painful to witness; but there seems, at present at least, no redress nor amelioration to be hoped for from the dignitaries who make the unwritten laws of professional courtesy. It must content the seekers after truth that their truths are admitted, that their practice is largely adopted, while they themselves are excluded, lest it might appear (what is nevertheless apparent to all the world) that the fathers of the modern race of allopathists made at one period in the history of their science—and that a period when it

was at its lowest ebb—a great and a memorable mistake. The blunder was made long ago, it is true, but for the sake of the appearance of an impossible consistency it must be kept up.

That the fact is not overstated let us show by a notable and oft-quoted example. The therapeutics of Dr. SYDNEY RINGER savour largely of the principle of similars. We are assured on credible authority that Dr. RINGER makes no study of homœopathy, and is incapable of borrowing without acknowledgment from homœopathic writers. We are, further, assured that Dr. RINGER arrives at his great knowledge of the powers of drugs by testing their effects on the healthy human organism. The public is assured of this fact by the *Lancet* in an endeavour to shake Dr. RINGER clear of the homœopathic atmosphere. Yet the defence admits the whole gravamen of the soft impeachment. The “limed soul in struggling to be free is more entangled.” For of all the methods which the disciple of the law of similars would desire that an earnest inquirer, of any school, should pursue in order to test the truth of the homœopathic theory, this of testing the action of drugs on the healthy system is the method the most after his heart. The proving of medicines on the healthy system must lead inevitably to the law of similars. By that method it was discovered as a general fact; by that method it must stand or fall. It is true there, or it is false all through. And it *does* lead Dr. RINGER, unconsciously, to the law of similars. His statement of the effects of *Aconite* in disease is, for example, identical in fact, and actually similar in expression, to that of HAHNEMANN in the *Materia Medica Pura*. The Hahnemannian method is adopted, Hahnemanian results are recorded, but the name of HAHNEMANN is forgotten. Now in this frank and unintentional admission of what it was intended to deny, an important point has been overlooked. The first step taken by HAHNEMANN towards the avowal of the homœopathic theory was taken by the publication of a paper urging upon his medical brethren the practice of proving the action of medicines on the system in health. He called it “An Essay on a New-

Method of ascertaining the Curative Powers of Drugs," and published it in *Hufeland's Journal* in the year 1796. It formed the parting point of HAHNEMANN from the practitioners of the antiquated school. He saw clearly by their reception of his suggestion that, from them, nothing was to be expected in return for the advancement of their science and the improvement of their means of benefiting the human race, but reprobation, disappointment, and evil report. Now we have it on the authority of the *Lancet* and the example of Dr. RINGER that this despised method has recovered from its early opprobrium, while we could testify, only that the public know it full well, that the name of HAHNEMANN has been hated without a cause from that day to this.

The attitude of the two schools of medicine appears therefore to be something like this. The practitioners of the old school have derided and denied homœopathy all along. It is now no longer possible to deny nor wise to deride it. It is now being re-discovered. And alongside of this re-discovery, which is, so far as it goes, ingenuous enough, comes from various quarters, renewed misrepresentation of the doctrines and motives of its avowed professors. The public are to be assured that "Codlin's the friend, not Short." On the other hand, the homœopathic school have, of late, made little or no protest against this extraordinary state of affairs.

But it seems at length not without its proper fruit. There are signs of a disposition on the part of homœopaths to acquaint the people—who are really more practically concerned with the truth or error of medical practice than the practitioners themselves—what homœopathy really is, as distinguished from what its enemies say it is, and of late years have been pretty freely allowed to say it is. The public mind is fully alive and fairly intelligent on matters affecting their health. The public are quite capable of judging of the value of such scientific evidence as the homœopaths are able to put before them. It is certainly the people who have received and supported homœopathy henceforth, and nothing, it would appear, can be hoped for

from the old-school practitioners except practical absorption of the principle and ostensible denial of the fact.

So far as appears at present, the idea seems to have taken the form of a proposition to establish an Association on the lines of the British Homœopathic Association, which did a great work for homœopathy nearly forty years ago, which founded the London Homœopathic Hospital, and voluntarily terminated its own career by raising that appropriate and lasting testimony to the doctrines which it taught. Therefore, to glance briefly at the character, the work, and the history of that Association may be interesting and profitable.

It came into existence in the year 1847, and may be said to have been created by Mr. MARMADUKE SAMPSON, whose disinterested and noble exertions in the cause of medical progress and the reform of medical jurisprudence entitle him to lasting public gratitude, and whose works and addresses on homœopathy and other subjects remain to testify to the extraordinary capacity which he, a layman, brought to the mastery and discussion of matters medical. The objects of the Association were threefold : to clearly set before the public the doctrine of homœopathy and the nature of the phenomena on which it is based ; to publish authentic testimony concerning it ; to furnish to all incapable of receiving conviction from testimony an opportunity for personal investigation.

A more definite and complete method of promulgating a scientific truth it seems hardly possible to devise. The first article it accomplished by a series of able works sufficiently convincing to the impartial inquirer. The second it effected by the publication of most valuable statistics respecting the treatment of disease under the homœopathic law. The third it made a noble provision for, which has existed from that day to this, by the establishment of the London Homœopathic Hospital in Great Ormond Street, an institution which now admits 650 in-patients and 9,000 out-patients every year. The foundation of this hospital the Association always had in contemplation ; and when the hospital was actually about to spring into existence, the British Homœopathic Association declared its readiness to extinguish its own individuality and spend all its energies in the support of the new Institution. It had existed two years, and at its final general meeting on October 10th, 1849, its constituency resolved that it should cease to exist *per se*, and that all its subscribers should be urged to devote their subscriptions to the maintenance of the

hospital. But in those two years of activity it had done a marvellous work. Only a few years before Dr. Quin had stood alone in England, the solitary champion of the new doctrine—a man, however, who could well afford to stand alone, and whose profound learning, mastery of men, and distinguished wit sufficed to make him a host in himself. But a striking array of able colleagues had sprung up around him. The list of medical members of the Association who have passed away, besides Dr. Quin himself, includes many who have left in the literature of their science the amplest testimony to their powers. Many members still happily live in positions of the highest honour among the profession.

The Association worked in the closest co-operation with the British Homœopathic Society, as the hospital has done ever since. It began with 400 members; it ended, after its two years' existence, with over 1,300, a large proportion being distinguished for rank, influence, and talent. And this is the work it accomplished. It distributed 1,200 volumes and many thousand pamphlets—8,000 as to cholera, 3,000 on the general principles of homœopathy, and a great number on the special objects of the Association. It effected, by the departure of several of its members, an introduction of homœopathy into distant quarters of the globe. It established a hospital which has had an increasing prosperity as a reward of good work to this day. And all this it achieved not only "to a degree far beyond its anticipations," but, which is still more extraordinary and admirable, in such a manner that in no instance did it arouse against itself the enmity of that great profession whose principles and whose methods it was organised to confute. The magnanimous motives which animated those earnest spirits is set forth in one comprehensive sentence, in which they tell an almost unique tale of a difficult and a delicate task, performed not only to the full, but with an irreproachable success:—

"It is not only that they have distributed 1,200 volumes and many thousand pamphlets; that they have allayed apprehensions respecting the progress of a fatal epidemic, and made the means of prevention widely known; that they have seen several of their members go forth to remote places, with the intention of planting homœopathy along with the first elements of civilisation; and that they have never had the occasion to solicit funds, since relying solely on the voluntary zeal of their members they are, after the performance of all their duties, yet in the possession of considerable means;

but there is, beyond all this, the satisfaction that owing to the spirit in which their labours have been conducted, they are not conscious of having awakedued, even in the minds of any one individual among those whose views and practice they are so actively endeavouring to subvert, a single unkind feeling, or indeed any feeling inconsistent with entire respect for the motives by which they have been impelled."

There would seem to be a singular propriety and a sort of historical justice in the circumstance that after thirty-six years of struggle and progress, the Institution founded by this Association, having arrived at a vigorous maturity and substantial position, should now suggest the resuscitation of the parent organisation with the magnanimous spirit which guided its exertions. There is, indeed, no reason why the promulgation or discussion of homœopathic principles should give rise to personal hostility or animosity in any form. It is necessary and right to state a conviction sharply and clearly ; but difference of opinion need not alter friendship ; therefore, we hope that should any organisation be formed, it will prove as worthy and important an organisation as its powerful predecessor, and strike the same true keynote. It should be energetic, but not pugnacious. Its mission should be to disseminate truth, not to overthrow an adversary. It should be constructive more than iconoclastic. It should teach principles, not attack persons ; nor should it attempt to force its views on the unwilling mind. It should sow the good seed, and patiently await the harvest.

In one especial point the work of the former Association offers a precedent of the greatest practical value. The reference to the instrumentality of the Association, in planting homœopathy in distant and sometimes uncivilised portions of the globe, is full of significance. Our own Hospital and Medical School is accomplishing already something in this way. Its students are often those who desire to aid their missionary enterprise in distant lands by ministrations to the sick and suffering, under the guidance of a clear principle, which happily enables even the domestic practitioner to know in many cases what to do and why it should be done. From the point of view of the homœopathic propagandist, hardly any movement is more fraught with promise for the future of homœopathic science. And in colonised lands, outside of the esoteric circle which the Medical Council of the United Kingdom has still the power to prescribe, away in places where the *odium medicorum* has

no meaning and no power, it is astonishing how the truth of homœopathy prevails, how it grows upon the public mind, and is freely accepted by the medical profession. In America, for example, homœopathy receives State acknowledgment and uncontested general support. The American is an eminently practical being. It is not within the range of his faculties to imagine a vain thing. He cannot spare time to be ill, and he seldom spends his money without a *quid pro quo*. The general adoption of homœopathy in America is consequently the strongest possible evidence that its practice is not a delusion and its principle not a myth. But it proves even more. It proves that the instinct which impels us to spread the truth of homœopathy abroad in new fields is a wise and a true instinct; that the promulgation of its central doctrine is fraught with untold advantage to the human race, and, therefore, forces the duty back upon us as a thing which our hands have found to do, and which, within the limit of a sagacious guidance, should be done with all our might.

NOTES.

“WHAT ARE HOMŒOPATHIC MEDICINES?”

OUR broad-minded contemporary, the *New York Medical Times*, has done us the honour to reproduce the article bearing the above title which appeared in our August number. On the strength of our remarks, our contemporary pleads strongly for the complete abandonment of the term “homœopathy.” So should we, as we said, “if a less misunderstandable term could be found” to take its place; but of the possibility of this we are now very doubtful. Our objection to the use of the phrase “homœopathic medicines” only applied to its use in scientific writing and speaking, and not to its conventional use. Our contemporary objects to its use because it holds that medicines have a *dual* action (in health, we suppose), by virtue of which they cause and cure similar diseases. Here we must respectfully join issue. We take our stand on the *fact* of medicines having opposite actions in health and disease, and we must steadily refuse to build anything—even a term—on any explanatory theory. It is true, as we said, that the people do make mistakes about what homœopathy is; but the reason of that is that we who know have taken so little pains to enlighten them. We

have taken no end of pains to enlighten our professional brethren, and some few have listened to what we have said, but the great majority have not. Had our transatlantic brethren adhered to our punctilious tactics from the first, the *New York Medical Times* would not be able to hold, as it does to-day, its proud position among medical journals, fearlessly opening its pages to all shades of medical thought, and commanding the respect of the most opposite schools. The battle in America is virtually won; ours has yet to be fought. The most effectual method we at present see of attaining our end is by making the people understand what homœopathy is. The profession will learn from them. By-and-by "Homœopathy" and "Rational Medicine" will be synonymous terms; and *then* we may drop the term "Homœopathy."

A WORTHY STEP.

In the spring of this year Dr. C. Wesselhoeft, Professor of Pathology and Therapeutics at the Boston University School of Medicine, was requested by the members of the Boylston Medical Society, being a Society composed of advanced students in the Allopathic Medical School of the celebrated Harvard University, to give them a lecture in answer to certain questions on homœopathy. How Dr. Wesselhoeft complied with their request, and how well fitted he proved himself to be for the task undertaken, our notice of his lecture elsewhere will sufficiently show. We advert to the fact here to show the position homœopathy has won for itself in the United States. By appealing directly to the people, the early homœopathists have obtained such a position that they have at last won respect from the allopathic school of medicine. The question of homœopathy can now be discussed, as all scientific questions ought to be discussed, in a scientific and calm manner. The Boylston Society has done honour to itself and to the Harvard University by being the first allopathic society to give such an invitation and such a reception to a professor of homœopathy.

DR. HUGHES.

In the summer of last year Dr. Hughes delivered a course of lectures at the invitation of the Boston University School of Medicine. This course has since been published in a

volume entitled *The Knowledge of the Physician*, reviewed in our columns some months ago. In our report of the speeches made at the dinner of the Norwich Congress, we made the Rev. Mr. Barratt say that *Harvard College* had given the invitation to Dr. Hughes to lecture (p. 515). It appears that Mr. Barratt did not make this mistake. Our reporter must have been confusing the invitation to Dr. Hughes with that extended to Dr. Wesselhoeft, two entirely distinct invitations, as our readers will perceive.

THE TAXATION OF CHARITY.

In the November number of the *Philanthropist* Mr. G. A. Cross again returns to this question. He asks and answers the question, "Why should charities pay rates?" He discusses the principle of exemption, and shows that many charities are already expressly exempted; he considers the question from the ratepayers' point of view, and shows that whilst the burden on the charities is heavy, the relief to the rates is almost imperceptible. He concludes the article with an eloquent plea for liberal consideration.

TOYS FOR THE CHILDREN'S WARD.

No one has visited the Children's Ward of the London Homeopathic Hospital without being struck with its brightness, the home-like comfort of its arrangements, and the happiness of those of the children who are not in actual suffering. But perhaps few know to whose untiring zeal and unrivalled powers of asking for what is wanted this in every way admirable result is largely due. The nurse in charge tells us that the children are just now badly off for toys. We are quite sure that we have only to mention this to those of our readers who have toys to spare, and are fond of children, to ensure that a goodly supply shall at once be sent to Nurse Marion, of the Children's Ward, Homeopathic Hospital, London, W.C.

HOMOEOPATHY IN TASMANIA.

We have again to call attention to the excellent field for homeopathic practice afforded by Tasmania. We have received a copy of the *Hobart Mercury* of September 5th, and from the extract subjoined it will be seen that such is the demand for homœopathy among the residents that a

homœopathic practitioner can make his own terms with clubs and societies; that whilst allopathists are obliged to forego general practice when appointed to a friendly society, the homœopathist is bound by no such restriction:—

“UNITED FRIENDLY SOCIETIES’ DISPENSARY.—A special meeting of the various delegates connected with the above met at the Odd-fellows’ Chambers, Collins Street, last evening. Mr. Thos. Davies was voted to the chair. The delegates were called together to discuss ‘the advisability of procuring a certain number of medical gentlemen to act for the friendly societies exclusively.’ Expressions of opinion were heard from the representatives, and the resolutions *pro* and *con*. passed at the several lodges, tents, and courts handed in. These, with but one or two exceptions, were unanimously in favour of the proposal. The first resolution was, ‘That two allopaths and one homœopath be appointed, the latter to be allowed *private practice*, the allopaths to be at the service of the friendly societies exclusively.’ An amendment ‘That three allopaths be engaged’ was lost, and the original motion carried. Several of those present were in favour of the committee drawing up a draft code of rules to be submitted at the next meeting, but after protracted discussion it was resolved to simply adjourn the meeting for a month.”

DOG BITES AND SNAKE POISON.

THE following interesting note appeared in the *Pall Mall Gazette* of November 6th:—

“M. Pasteur’s recent discovery of a cure for hydrophobia has naturally attracted the attention of the world to the quiet laboratory in which the great scientist conducts his experiments. While in Europe the fatal bite of the mad dog is dreaded, so the deadly bite of the snake is the hydrophobia of the East. During his recent exploration of the Kalahari Desert, Mr. Farini found that the natives with whom he was thrown into contact invariably carried a pouch of deadly dried snake poison as an antidote to the bite of the snake. The following account of a conversation which one of our staff had with Mr. Farini may not be *mal à propos*:—‘While exploring the Kalahari,’ said Mr. Farini, ‘where extremely poisonous snakes abound, several cases of the nude natives being bitten by them came under my notice; and, strange to say, the untutored savage, although not knowing anything about *similia similibus curantur*, cure themselves by inoculating with other virus. There is not a native or a hunter that does not carry either the dried body of a deadly poisonous reptile called N’anboo, the poison-sacks of the puff adder, yellow cobra, or *capella*. Their *modus operandi* is: As soon as possible after being bitten they make slight incisions close to where the poison-fangs entered, into which they sprinkle some of the dried and powdered virus. The first effect is to induce sleepiness; the swelling soon goes down, and in a day or two they are as well as ever. Three of my oxen were bitten, and cured by inoculation. One case of the Bushman who had cured the oxen I must specially mention. He boasted of not being afraid of being bitten. One day, while walking ahead of the waggons, I discovered a full-grown

capella lying under a bush. I called the Bushman, and asked him to catch it if he was not afraid of being bitten. He replied he would if I would give him a roll of tobacco. I refused, not wishing to be accessory to his death. While I was waiting for the driver's whip to dispatch the snake, the Bushman gave the reptile a kick with his bare foot, and the horrible thing bit him. But the Bushman coolly took from a little skin pouch some poison-sacks, cut a piece off and reduced it to powder, pricked his foot near the puncture, which had commenced to swell, and rubbed the virus powder in. One of the other Bushmen, who had killed the snake and extracted the poison-cysts, handed one of them to him ; he squeezed a drop of poison out of it into some water, and drank it ; he seemed to fall into a kind of stupor, in which he remained some hours. At first the swelling increased rapidly, but began to subside after some hours ; next morning he inoculated himself again ; that night the swelling had completely disappeared, and the fourth day he seemed as well as ever, and claimed the roll of tobacco.' Mr. Farini took the precaution to bring home the poison of several snakes, and a portion of a N'anboo, which he is sending to M. Pasteur to experiment with."

M. PASTEUR.

WHY Mr. Farini should send the virus for M. Pasteur to experiment with on animals when he has already had proof from experience on human beings is not very evident. It really seems as if nothing could be accepted as a fact in medical science that has not received the imprimatur of the great adapter of other people's discoveries, M. Pasteur. On his latest supposed achievement in the way of providing a remedy for hydrophobia we set very little store. To say nothing of the price at which he offers it to the world—that of the torture of an endless series of animals in every town—as yet he has proved nothing at all with regard to his method. He has not shown that the spinal marrows of rabid rabbits have any effect whatever on human beings when introduced into their bodies ; the patients he is said to have "cured" had no symptoms of hydrophobia before he inoculated them. He had "test-rabbits" which he inoculated at the same time as his patients ; but rabbits are no "test" at all for human beings—he should have inoculated healthy human beings if he wanted a real test of the activity of his "vaccine" on our kind. Pasteurism is a grotesque travesty on homœopathy ; it is homœopathy gone mad—morally and intellectually. But as Pasteur by his experiments has thrown the odour of scientific sanctity over all his proceedings, all those who think themselves scientific, or would like to do so, join in glorifying the fanatical scientist. The most appropriate honour of all those that have been showered upon

him is that conferred by the Balloon Society. It is not evident on the face of it what connection there is between the Balloon Society and mad dogs; but at a meeting of that interesting association at its home, the Royal Westminster Aquarium—not usually known as the nursery of science—the following resolution was passed:—"That M. Pasteur be elected a life member of the Society, and that its gold medal be presented to him for his unique and splendid research in the investigation of the causes and cure of hydrophobia." Perhaps the reason why the Balloon Society feels entitled to honour M. Pasteur is that his discovery is still very much in the clouds.

AT the next meeting of the British Homœopathic Society, on December 3rd, Dr. Charles Renner, of London, will read a paper "*On the Theory of Vaccination.*"

ORIGINAL COMMUNICATIONS.

HOMŒOPATHY IN GREAT BRITAIN—AN AMERICAN VIEW.

By J. P. DAKE, M.D., Nashville, Tenn.

DURING a recent visit to some of the old countries, I have had opportunity for noting the progress of medical reform, especially in the British Island.

To an American, accustomed to institutions comparatively new, and to lines of progress unobstructed by the antique and venerated structures of the past, it is not easy to comprehend the indirect march that is gradually advancing the discoveries of Hahnemann in Great Britain. Such advancement is not marked by governmental appointments from the ranks of the outspoken practitioners of the gentle *similia*, nor yet by the authoritative recognition of institutions bearing the homœopathic name. But, nevertheless, the teachings of Hahnemann and his followers are bearing fruit in the literature as well as in the clinical practice and apothecary shops of the old school. Some little observation reveals the fact, all over England, more especially in the large cities, that apothecaries, obedient to the demands of the people, are beginning to keep, and even to advertise, remedies hitherto quite unknown in the old school pharmacopœia. Nor is this all, the old school phar-

macopœia itself, and even its text-books on *Materia Medica*, are being changed and extended to suit the demands of the times. The latest work on *Materia Medica*, that of the distinguished Dr. T. Lauder Brunton, brings forward remedies, for a knowledge of which recourse must be had to our homœopathic books on *Materia Medica*.

Let us note the argument suggested by these facts. The orthodox medical profession, especially members in high places and those having the ear of governmental authority, have closed their eyes persistently against all proofs of the superiority of homœopathy, refusing to recognise merit and to award praise as deserved ; and its professors have tried to withhold diplomas from students preferring the new school, and even to withdraw those formerly given to men converted to the medical heresy. The London Homœopathic School, based on hospital privileges, patronised by nobility, with lecturers of the highest order, teachers not surpassed in scholarship and medical acumen in the oldest schools, is denied official recognition and power to confer diplomas because its therapeutic teachings are homœopathic. This want of recognition, and denial of authority, continued year after year, is just as bitter and unyielding to-day as forty years ago ; except, as I have mentioned, in the domain of authorship, where the voice of the people has been heard.

The public, convinced of the superiority of the new school by its practical work in the sick-room, calling for its remedies at the shops of the apothecary and for its literature at medical book stores, has induced the former, by such business hints, to keep on hand what customers call for, and the latter to discover the coming of a new current, that must be taken advantage of by an extension of medical literature in the direction of homœopathy.

My late observations, added to those formerly made and to my knowledge gained through the *British Journal* (now of blessed memory) and the *Review* and *World*, through many years of careful reading, compel the conclusion that very little has been gained in the past and very little may be gained in the future for the new school in Great Britain, except by an *appeal to the people*. When the old-school medical journals refuse to exchange with ours and receive complimentary copies of our books without a word of acknowledgment ; when they refuse all communications at all favourable to our therapeutics, and never mention our teachings except to misrepresent and belittle them, what is the

sense in continuing an appeal to *them*? Royal favour may avail much when properly gained, and an acquaintance with members of the royal family may be of some service; but the former has not been gained by the most decorous professional behaviour and the most exalted talents devoted to homœopathy; and what good may be expected to come from the latter can be seen by reference to the career of our late Dr. Quin, who was on the most friendly, if not intimate, terms with the Prince and Princess of Wales, and with personages high in the Ministry of England.

I am satisfied that the recognition and final triumph of medical truth in Great Britain, as in America, depends upon the enlightenment of the public as to the serious defects, the dangers of the old practice, and the great superiority of the new. I hope I am not improperly "telling tales out of school" when I mention that this matter was the subject of conversation between Drs. Dudgeon, Dyce Brown, Clarke, and myself, at a dinner given me by Dr. Dudgeon, and that it was the opinion of all that the highly conservative course, the deferential attitude toward the old-school authorities, the fear of doing something that they might characterise as unprofessional, had failed to gain what had been deserved in the old countries. And it was considered essential that efforts should be made to popularise homœopathy by lectures, tracts, books, etc.

I confess to a feeling of mortification on seeing but a handful of listeners at the opening address of Dr. Dyce Brown in the London Homœopathic Hospital, and that a yet smaller number of students were in attendance upon the regular course by Dr. Clarke and others. I was greatly pleased with the address of Dr. Brown, and consider him and his associates as worthy of lectureships in the largest and best schools in Great Britain. I can but feel that our brethren in the older countries have been too conservative, too much afraid of stepping beyond the line fixed by old-school medical etiquette, in their efforts to advance homœopathy. They must do as we have been doing in America—make a direct appeal to the people, who, after all, must be served and pleased by medical attendants.

As the people advance in a knowledge of homœopathy they will call for the remedies and the book, and the shopkeepers will not be so blind to their own pecuniary interests as not to supply them; and the book-makers will not be slow in learning what they have to do to meet a popular

demand. And the voice of the people will be heard in parliamentary halls and ministerial circles, and before long the bars will be broken that now prevent the legalisation of homeopathic teaching and diplomas in England and other old countries.

In America the people have come to our aid, so that in all efforts to mistreat our institutions and our practitioners, the thousand-tongued press is on our side, legislators are on our side, and "the powers that be" guard us with jealous care; and, as a result, we have hospitals and colleges equal to the best in the world, and endowed with all necessary privileges and powers.

I trust our British brethren, with their learning—the light of which has long been shining grandly in their books and periodical literature, much to our advantage, but all in vain upon the authorities of England—will turn directly to the people, giving them lectures and tracts and books, and gathering their energies together in support of hospitals, dispensaries, and schools, till their influence is felt where laws are made and executed. Few countries are blessed with such finely educated and noble advocates of homœopathy as Great Britain—only let them be more aggressive, and less regardful of the good opinions of the old school.

The timely appearance of *Ameke's History of Homœopathy*,¹ under the auspices of the British Homœopathic Society, showing the transcendent abilities and charming character of Hahnemann, and his successful appeals to an intelligent public after a most ungenerous and savage reception on the part of the orthodox profession, may serve as a lesson to his followers now. When medical faculties and journals and societies are open to free discussion, when they allow investigation and expression on all medical topics, without abuse and without a resort to the repressive arm of civil government to check the progress of improvement and reform, it may be proper to discuss medical questions only in medical journals and societies. But that auspicious day for medical truth has not yet dawned, and the contest must go on in the public arena.

There is a sense of right among the people, and a desire for the truth, that will make them not only willing listeners and readers, but good judges as well. In their hands the

¹ *Ameke's History of Homœopathy*. Translated into English by Dr. Alfred E. Drysdale, and edited by Dr. Dudgeon. London: E. Gould and Son. 1885.

reformer may be safe, and his cause respected, according to its reasonableness and practical results. To the people let us go.

MILITANT HOMŒOPATHY.

DR. QUAIN having alluded to homœopathy in his Harveian Oration, and having misrepresented our doctrines and practice in the usual manner, Dr. Dudgeon addressed a letter to the editor of the *Medical Press and Circular*, in which the oration was published, to set its readers right. The editor had the courage to insert Dr. Dudgeon's letter, which we will now quote without further comment:—

“THE HARVEIAN ORATION.

“To the Editor of the *Medical Press and Circular*.

“SIR,—I read with great pleasure Dr. Quain's eloquent address at the Royal College of Physicians in your last issue. Dr. Quain is a learned and experienced physician, and is acquainted with all the medical doctrines and methods of past times which he tersely, and more or less correctly, describes in his oration. But if what he says respecting homœopathy conveys accurately his knowledge of that system, I must say that he is not so well acquainted with the medical doctrines, or at least with a medical doctrine, of the present time. He says: ‘Homœopathy, which teaches that symptoms constitute the disease, and are to be treated by remedial agents which produce like symptoms, but the potency of which is increased in proportion to their dilution.’ In attempting to be epigrammatic Dr. Quain has missed being accurate. Homœopathy does not teach that symptoms constitute the disease. It teaches that diseases reveal themselves by symptoms, that all the symptoms, objective and subjective, which we can observe in the patient, make up together the picture of the disease, and are the features, as it were, whereby we recognise the disease. It would be nearer the truth to say that allopathy, or orthodox medicine, teaches that the symptoms constitute the disease, or even that one symptom constitutes the disease, as the high temperature in fever; for does not Dr. Quain's boasted treatment by antipyretics imply that the single symptom of heightened temperature constitutes the disease, and is alone to be regarded in treatment?

“Dr. Quain is right in saying that homœopathy teaches that diseases ‘are to be treated by remedial agents which produce like symptoms;’ he should have added ‘in the healthy.’ The medicine to be homœopathic to the disease should be capable of producing in the healthy an *ensemble* of symptoms corresponding to the morbid picture offered by the symptoms of the disease to be treated. This is very different from the treatment of one symptom, such as increased temperature, sleeplessness, or pain, so much in vogue in the orthodox school, with its antipyretics, hypnotics, anaesthetics and analgesics, to which, along with antiseptics, Dr. Quain triumphantly points in

proof of the progress of therapeutics. He seems to claim for scientific medicine the credit of staying the rinderpest, but as that was only effected by the slaughter of every animal that was infected or had been exposed to infection, at a cost to the country of upwards of £3,000,000, it can hardly be regarded as a triumph of therapeutics, and is a mode of treatment hardly applicable to human beings.

"Homeopathy does not teach 'that the potency of remedies is increased in proportion to their dilution.' Homeopathy gives its remedies in small doses, because experience teaches that, when the remedy is homœopathic to the disease, its curative action is best developed when the dose is not large enough to cause collateral pathogenetic effects. The partisans of the orthodox school, when they prescribe medicines homœopathically, have found by experience that they must give them in much smaller doses than the ordinary officinal ones. Thus Ringer recommends minute doses of ipecacuanha in vomiting, of cantharides in acute Bright's disease, of corrosive sub-limate in dysentery, and so on.

"That the health of the population has increased and the mortality has diminished during the last forty years, is an undoubted and satisfactory fact, but this improvement cannot be attributed to any appreciable progress of orthodox therapeutics; it is chiefly due to improved sanitation, and partly also to the abandonment by the profession generally of faulty and pernicious methods, such as bleeding, mercurial salivation, drastic purgatives, and other 'heroic' methods, which were in full swing when Hahnemann wrote, and for denouncing which he was prosecuted and abused by the dominant school, which has since, by its cessation from these practices, tacitly admitted that Hahnemann was right in inveighing against them.

"Dr. Quain concludes with a prophecy of the great future that awaits the medical art. Similar prophecies have been frequently made in almost all ages, but more frequently during the last score or so of years, but hitherto they have never been accomplished. Medicine, like man, 'never *is*, but always *to be* blest.' It is about time that medicine should cease to pose as the Johanna Southcote of the sciences, boasting that it is pregnant with some saviour of sick humanity, which somehow never gets born.

"I am, etc.,

"53, Montagu Square, W.,
"Oct. 23rd."

"R. E. DUDGEON, M.D."

ON THE DIAGNOSIS OF ULCERATION OF THE STOMACH.

By JOHN D. HAYWARD, M.D. Lond.

THE simple chronic ulcer of the stomach has only in recent times (Cruveilhier, 1831) been definitely described and distinguished from cancer and other diseases of the organ.

The lesion is supposed to be due to blood stasis in a definite region of the mucous membrane, which disturbance of the circulation may have been caused by various pathological

processes. Upon this portion of the wall of the organ the gastric juice acts, this fluid being normal or of increased dissolving power, as it does upon other tissues which have lost or suffered diminution of their vitality. The normal stomach wall is protected from this solvent action by the constant renewal of its parts through the active circulation in its tissue, and, probably, also by the alkalinity of the circulating fluid opposing the action of the acid solvent.

When we consider that it has been reckoned that, on an average, one in every twenty corpses contains an ulcer of the stomach, or the scar of such an ulcer, and note the power of treatment—dietetic, mechanical, and therapeutic—upon the recognised lesion, with the serious results of injudicious food, blows, and strains, in precipitating a fatal issue, we are in a position to estimate the importance of an early diagnosis of this lesion.

The chronic gastric ulcer occurs most commonly in chlorotic and anaemic females; it also often accompanies pulmonary phthisis or heart disease, and follows extensive burns. The disease is very rare in children and old people, commonest in youth and early middle-age; it is two or three times more common in the female sex.

The exciting causes are very obscure. External injuries, very hot or cold ingesta, dietetic errors, and the abuse of alcohol have been enumerated; but it may be noted that alcoholics, although subject to gastritis, seldom present the chronic round ulcer.

In exceptional cases the course of this disease may be acute, the whole course occupying only a few weeks; generally, however, there are, for a long period, symptoms of indigestion or gastritis, which are not necessarily followed by any symptoms characteristic of the ulceration. The general health of the patient is frequently good, the appetite normal, and the body well nourished.

With the observation that any or all the symptoms of a gastric ulcer may be wanting or only slightly marked, they may be so arranged:—

1. Dyspepsia, varying from slight indigestion to well-marked gastritis. There is nothing to mark these symptoms from the common cases where no ulcer is present.

2. Pain over the stomach, severer than in simple indigestion, generally increased by food, though the contrary may be the case. The pain is usually violent at times, with intervals of aching; it is often confined to the region of the

ulcer, and increased by pressure ; frequently it is worse in the middle line, just below the ensiform cartilage, and it often radiates to the sides and back. There may be long periods of freedom from pain. For the differential diagnosis of the pain of cardialgia from that of gastric ulcer the constant current has been used, the former only being relieved by its use.

3. Vomiting, generally at the height of the paroxysms of the pain. It may be frequent, seldom, or absent.

4. Hæmatemesis. This is an important symptom, and the most valuable from a diagnostic point of view, especially when copious. The quantity varies from a little mixed with the food to an enormous amount ; the bleedings may be repeated. Still, not thirty per cent. of gastric ulcers are accompanied by the vomiting of blood.

5. Melæna. The black tarry motions may form a valuable sign, where the blood poured out has not been vomited.

6. Constipation.

Considering that the most common termination of gastric ulcer is in recovery, there can be no doubt that large numbers of obscure cases recover without ever being diagnosed. Cases may die from perforation without the cause having even been suspected. Such is the following case which has recently occurred. Without doubt many puzzling abdominal cases would present a similar *dénouement* were post-mortem examinations more frequently made in general practice.

A strong, stout, healthy girl, twenty-seven years of age, whose family had been attended by a colleague, and had, therefore, been under observation from time to time, complained of nothing requiring medical attention until the early morning of Saturday, the 19th of September, 1885. She then woke, complaining of pain in the lower left side of abdomen, not at first of a severe character. She was too ill to rise, and had several attacks of vomiting. My friend Dr. Hawkes was sent for, and found that the appearance and pulse of the patient indicated a considerable degree of collapse. The girl was chlorotic ; but, with the exception of not feeling well the evening before, and of having had attacks of slight indigestion, there was no history of anything in the shape of a cause for her condition. The pain in the abdomen had become somewhat more severe ; this region was a little prominent and tense, the pulse thready, face drawn, no pyrexia. It was the patient's menstrual period, and a slight show had occurred that morning. The girl

rapidly became worse. A consultation was held, and the opinion expressed that the case was one either of pelvic hæmatocoele or of intestinal obstruction. The bowels had not been opened that day, but there had been no long-standing constipation. The vomited matters were fluid and yellowish, but with no faecal odour. The collapse rapidly increased. Operation did not seem justifiable, especially as the mother was from home. She was telegraphed for, but before she arrived (12 p.m.) the girl died, apparently from paralysis of the heart. There was pain and vomiting to the end.

At the post-mortem on Monday, September 21st, the body was found well nourished and much discoloured ; the abdomen tense and prominent. On opening the peritoneal cavity a large quantity of foetid gas escaped, and more than two pints of brown, muddy fluid was found, possessing no faecal odour, but accompanied by a few flakes of recent lymph on some of the coils of intestine. The fluid and lymph were chiefly near the spleen and left end of the stomach, where, also, the injection showed the peritonitis to have been most marked. The intestines were distended with gas, and contained food ; there was no obstruction in their course. The other organs of the body were healthy, with the exception of the stomach : this was enlarged and empty ; its mucous membrane was swollen and injected ; while in its anterior wall, about the middle and near the small curvature, was a round hole, which was large enough to admit the tip of a finger. The perforation had a thick indurated margin, feeling like a ring on the finger ; it possessed a clean, round, thick edge of whitish tissue ; it was not a recent perforation, for it was not of a flattened funnel form with the small end outwards, but resembled a punched-out opening. There was only the one, and near its border the mucous membrane of the stomach was thickened and indurated. Outside this portion of the stomach were signs of old peritonitis ; there were patches of firm organised lymph, and one of these formed a large broad flap, which could be laid over the opening in the stomach-wall. A portion of the omentum covered the opening also, and was loosely adherent to the stomach in its neighbourhood ; the spleen was extensively and firmly adherent to the stomach, and a portion of its substance was eroded. This adventitious membrane and the adhesions had no doubt prevented the escape of the contents of the stomach into the peritoneal cavity, until some movement of the organ

itself or some external influence caused the separation which so rapidly led to a fatal result. No food could be recognised in the brown, muddy fluid in the left hypochondrium.

On subsequent examination of the relatives, it was learned that for a year or more the girl had complained of indigestion, and that occasionally she had severe pain in the lower front of the chest. She often had attacks of vomiting, but never suffered enough to interfere with her duties, or to oblige her to consult a medical man. She had never vomited blood or had dark motions; complained of no tenderness over abdomen, and made good meals up to the day of her death. Her bowels were inclined to be constipated. No blow, strain, or injudicious food could be discovered as the cause of the fatal attack. Her menses were regular but scanty.

Who shall say how often the efforts Nature makes to cure this disease, as evidenced in this patient, are successful and unrecognised?

SOCIES' MEETINGS.

BRITISH HOMOEOPATHIC SOCIETY.

The first meeting of the British Homœopathic Society of the session 1885-6 was held on October 1st, Dr. Mackenzie, president, in the chair.

The PRESIDENT read a short address of welcome, and urged that some effort should be made by the Society to educate the public on the subject of homœopathy.

Dr. CLARKE read a paper entitled *Lathyrus in Spinal Paralysis*. He related the effects produced on persons who had fed on the lathyrus pea, whether taken knowingly or fraudulently mixed with flour. There were two species of the plant—*Lathyrus Sativus* and *Lathyrus Cicera*; but the effects of the two appeared to be identical. The symptoms came on suddenly, usually after exposure to wet, and consisted chiefly of paralysis of the lower limbs, with spasmodic rigidity and loss of co-ordination. He related five cases which had been treated with the drug. The first was one of spastic paralysis. The patient, a single woman in middle life, had been ill for a number of years. For a time she appeared markedly benefited, but the improvement after a time ceased. The pain from which she suffered was relieved, and she felt better in her general state, but she did not regain power. The second case was one of multiple sclerosis of the cord. The disease had lasted nine years, and for several years

she had not been able to walk. Under *Lathyrus* she was soon so much better that she was able to walk about the ward with very little assistance. In this case, however, the relief was not permanent. The two next cases were those of children, sisters, aged two and three respectively. They were suffering from a form of infantile paralysis with some spastic symptoms. The younger and less severely affected recovered completely. The elder improved in general health, but did not gain the use of her legs. Neither had walked before admission. The last case was that of a man, a boat builder, forty-five, who had been ill for nine months with what was called rheumatism, but which was of an unusual kind and was accompanied with paralytic symptoms. At the time of his consulting Dr. Clarke he was unable to go up or down steps without the greatest difficulty. Under *Lathyrus* he completely recovered. The *Lathyrus Sativus* was given in all cases, and in the third centesimal dilution.

DISCUSSION.

Dr. DUDGEON thought the paper good evidence of the value of the *Cyclopaedia of Drug Pathogenesis*. *Lathyrus* was a medicine that had never been proved, and yet we had evidence of its pathogenetic and curative powers. If the new work were to omit all the least-known drugs, *Lathyrus* would not find a place. The cases were not altogether satisfactory or conclusive, still they seemed to show the action of the drug to a certain extent. He had lately had several cases of paralysis, but had no experience with *Lathyrus*. He mentioned the case of a gentleman who had completely lost the power of his lower limbs. There was no cause to show except a tumour over the sacrum. After that was removed he was better, but he lost power again. *Agaricus* was prescribed, and the patient said that was the only medicine that did him any good. There was no paralysis of bowels or bladder. The sexual passion was increased. Dr. Dudgeon had seen *Agaricus* of considerable use in relieving paralysis accompanied by lightning pains. In a lady about sixty *Agaricus* keeps these pains off and improves the powers of locomotion.

Dr. HUGHES had no experience with the medicine, and rather blamed himself for not having used it. Aitken drew attention to the gait of the sufferers, their dragging the foot along with the toes down and wearing the great toe-nail. He thought that in the second case, in which such a gait was mentioned, the medicine was peculiarly appropriate. He did not think the incompleteness of Dr. Clarke's results detracted from the value of his paper so much as Dr. Dudgeon seemed to imply. In cases of this kind, where cure is usually regarded as hopeless, amelioration was a great deal. Apropos of *Agaricus*, he recalled a case shown him by Dr. M'Clellan, of Pittsburg. There was no

affection of the bladder in the case. Dr. Hughes suggested *Agaricus*, which was given, and the patient got well. The only cases of the kind he had had were those of congestion of the cord with partial loss of power. In one case, which was made worse by persisting in walking after the first symptoms came on, *Gelsemium* did great good.

Mr. NOBLE thought the cases of the children were cases of infantile paralysis. The cases were not very encouraging. A case of cerebro-spinal disseminated sclerosis under his care, which got no good from *Picric Acid*, was doing well under *Belladonna* and *Gelseum*, which appear to be retarding any fresh degeneration.

Dr. DYCE BROWN said we must consider that we cannot look for too much. If a case is one of organic disease we cannot expect improvement beyond a certain point. All cases must be unsatisfactory, and any medicine which shows even temporary improvement is of importance.

One point in the pathogenesis of *Lathyrus* reminded him of *Conium*, the paralysis of motion without affecting sensation. He had used *Conium* in such cases as Dr. Clarke had reported with very good results. It was given in ♀ tincture, three drops thrice daily. In some of the cases—one of paraplegia—*Conium* did much good. One man in the hospital perfectly paralysed recovered completely under *Conium* ♀. It was thought lead poisoning might be the cause, and iodide of potassium was given. One woman who could not move in bed was able to move herself easily in bed and get out of bed with assistance. This under *Conium*. In one case of great loss of motor power in a young lady the patient made no progress. She went to Dr. Russell Reynolds, who prescribed *physostigma*.

Dr. NEATBY thought the last of Dr. Clarke's cases showed the action of the medicine quite clearly. He mentioned a case of undoubted paralysis where the patient was for months in bed, but improved with simple rest. He thought we could expect a good deal from mere rest.

Dr. GOLDSBROUGH was much interested in Dr. Brown's account of *Conium*. He had a patient suffering from syphilitic paraplegia, to whom he gave *Conium* 3. This aggravated every symptom. The 6th and 12th were tried with the same result. When stopped the symptoms got better, and returned when again given. In the 30th it had no result. There was no hemiplegia in the case.

Dr. BAYNES said Lebourcher's *résumé* of symptoms was almost identical with the symptoms met with in coca drunkards. The first two cases closely resembled hysterical paralysis. Dr. Baynes had a case of infantile paralysis in a boy of fourteen, where after many things having failed electricity is doing good. He thought electricity would have done good in the last case.

The PRESIDENT had a case of locomotor ataxy in an officer. No improvement took place under the ordinary treatment. At last he gave drop doses 1-200th *Phosphate of Strychnia*. That was eight or nine years ago. He very soon improved, and in from two to three months entirely recovered, and remained well until the spring of this year. Again this medicine has nearly brought him round.

Dr. CLARKE briefly replied.

SPECIAL CORRESPONDENCE.

NEW YORK.

THE season for the opening of the colleges is again at hand, and all give promise of a successful year. The graded courses of three years and the required entrance examinations are helping to solve the question of "What shall be done to raise the standard of medical education?" Much is being said and written about State Examining Boards, and taking away of the licensing powers from the teaching faculties, but as yet without any practical result, unless it should act as a spur to the colleges to do their best work. In some of our States we have Boards before whom a practitioner must come and obtain a licence before he can practise in the State. This licence is granted either by a direct examination or by accepting his diploma as an evidence of the qualifications of the applicant. Some of these Boards are composed exclusively of old-school practitioners, and possibly are open to the charge of favouritism. However this may be, a graduate of our colleges ought to be able to pass a satisfactory examination, notwithstanding any opposition. Having passed, the result is this—that a Board of old-school men has passed candidates upon the qualifications of a graduate of a homeopathic college, and found them satisfactory. They are then bound to accept him as of equal standing with themselves, and give him official recognition, in spite of "old code," "new code," or "no code."

Speaking of codes, we are reminded of the imbroglio into which the profession here has fallen, on account of this same question, which will not down because the sense of fairness on the part of the general public and the awakening spirit of professional honesty and courtesy realise that the time has come when educated men, in a profession like ours, must not and cannot stand on any platform of their own raising, and cry, "I am holier than thou."

The State Society held its semi-annual meeting last month, under the presidency of Dr. M. O. Terry, of Utica. We regret that we could not attend in person. Reports of the meeting

speak favourably of the merits of the papers presented, but some bureaus fell grievously by the way. Every man is not qualified to fill the position of chairmanship of a bureau, however diligent a worker he may be in the ranks. "Youth" often stands in the way of ambition, and "older age" is given a chance to repeat the old excuse, "want of time."

Our Insane Asylum of Michigan is a thing of the past—at least for the present, if anything Irish is permitted here. The Act granting the Asylum read as follows: "The people of the State of Michigan enact that the Board of Control of the Northern Asylum for the Insane is hereby authorised to place the medical administration of the same under the supervision and control of a reputable physician and surgeon of the homœopathic school of medicine."

In a former letter I wrote you of the attempt to frustrate this Act in the Legislature, and the result, showing clearly what was the intent of the Legislature in framing the Act. The Board of Control, we are informed, had before them the names of three physicians, with the result that one declined the position, whether formally tendered we are not advised; the second had had no practical experience in the treatment of the insane, a point insisted on by the Board; and the third one did not receive the endorsements of those on whom the committee seemed to depend the most. The committee therefore reported that a suitable person could not be found for the position within the ranks of the homœopathic profession, and as the Act "authorised," thus giving them discretionary powers, recommended the appointment of an old-school man who had had an experience in the treatment of the insane. This was done, and the Asylum will probably be continued under such management. In the original draft of the Act the word "required" was used, but was changed to "authorised," on the claim that it would not interfere with the carrying out of the purpose of the Bill, while it would be an act of courtesy to the Board of Trustees to give them discretionary powers. In the minds of our Michigan friends there is no doubt about the possession of the discretionary power. But will it pay? Time will tell.

While on the question of insane asylums, we take pleasure in giving a brief abstract of the report of the Middletown Asylum for the last year. Whole number of patients treated, 486; discharged during the year, 131, of which 66 were recovered, or 50 per cent. Death rate on the whole number treated, 5·5 per cent. Eight of the twenty-seven deaths occurred within three weeks after admission, so that deducting these, the death-rate was only about four per cent. At the beginning of the present year there were 355 patients under treatment.

Drs. J. H. McClelland, of Pittsburgh, and Pemberton Dudley, of Philadelphia, are members of the State Board of Health of

Pennsylvania, appointments which will do honour to our school.

The course at the N. Y. Homœopathic College was opened by an address by Professor Wm. Tod Helmuth on "The Present Status of Surgery," and was an effort worthy of the well-known lecturer and writer.

Your printer's "devil," or the "cat," badly mixed my remarks with the report of the committee on the old-school code of ethics in my last letter, or else he found them so badly mixed, that in his good nature he attempted to straighten them. T. M. S.

Ward's Island, N. Y. City, Oct. 13, 1885.

NEW ZEALAND.

In response to the request of the editor of the *Homœopathic World*, I have much pleasure in forwarding the following notes and observations. Our system has now existed for twenty years in Auckland and Dunedin, and has since extended *pari passu* with the population. In the country districts there is not to be found a homœopathic practitioner except as hereinafter mentioned; but in Auckland, Dunedin, and Christchurch we are represented by able and competent men. Eight recognised practitioners, of whom five are registered according to the colonial law, six amateurs, and four chemists, supply the homœopathic wants of the six hundred thousand white inhabitants of New Zealand. Our scientific system has to compete with every existing form of quackery; for, unfortunately, the law of New Zealand does not require, in case of death, a certificate of its cause from a duly qualified and registered medical man; so that herbalists, clairvoyants, magnetists, rubbers, and others do a lucrative and unimpeded business in New Zealand. So accustomed are the people here to be led by advertisements, that a doctor well established in practice, and possessing (like myself) the implicit confidence of many of the leading families in his city, must accustom himself to the slight of members of these families having recourse to any visiting quack who gives the local newspapers a sufficiently long advertisement, and paying him four or eight times the fee that he is in the habit of receiving from them. *Novelty* is the great desideratum in New Zealand in medical matters; and I could sometimes fancy from the talk of patients that even homœopathy was too old and commonplace for them. The old stagers of Auckland, who became converts to our system in the days when it was a militant system, are passing away, and their children do not seem to care enough for it to obtain for it the *status* it deserves, though they patronise it privately.

However, last year an effort was made in our city to have homœopathic treatment represented in the large provincial hospital. A petition signed by 1,400 adults, representative of

the leading commercial firms and capitalists of Auckland, many lawyers, teachers, and retired gentlemen, was presented to the committee of management, of whom three were declared friends of our system. The Rev. Mr. Purchas, M.R.C.S., and I offered our services as honorary medical officers. The allopathic medical staff, instead of threatening a strike, as usual, if we were successful, wrote a letter of protest, and their friends on the committee shelved our petition on the ground that no other public colonial hospital in Australasia, supported by Government funds, admitted homoeopathic treatment into its wards; in other words, there was no precedent. This abortive result was disappointing to me especially, for I had obtained in a few days 150 important names in support of the object aimed at. But the proposal will probably be revived again when the committee finally decide to enlarge the hospital, towards which a handsome legacy of £12,000 has been left by the late Edward Costley. The defeat of this move, taken in connection with the narrow-minded and bigoted laws of the Auckland Medical Society, expressly precluding *avowed* homœopaths from becoming members, shows that in this quarter the allopaths, *as a body*, are as bitterly hostile to us as in older countries. But, personally, I have received from many of them professional courtesy and assistance. In Adelaide, in the noble children's hospital founded by my friend the Hon. Dr. Allan Campbell, three homœopaths and three allopaths work harmoniously on the staff; their patients mingle in the wards, and there is never any unpleasantness or collision. The dispensing is as carefully done for the homœopathic as for the allopathic patients, and the nursing is the same. This instance of harmonious co-operation was pointed out by me to one of the committee. If the petitioners fail in their final effort, I shall suggest the establishment of a cottage hospital, similar to those I have had charge of in Bourton and Liverpool, on as nearly as possible a self-supporting basis, for payment by hospital patients seems to be the rule throughout New Zealand hospitals. Although our lay homœopaths are not educated up to subscribing to homœopathic charities, for none exist in the colony, yet I am sure that such an institution would do well here, and meet a felt want among the poor and the country settlers.

The City of Auckland takes the lead in New Zealand in the development of homœopathy. We have two qualified practitioners, one registered without diploma, one unqualified and unregistered, and two lady practitioners. Pond's pharmacy is the largest and best stocked in New Zealand. The sales of hand-books and medicine-chests is large and increasing; and it is seldom that a settler, once having become expert in handling a domestic chest, leaves off the use of it. The saving to him of suffering, and often of life, situated as he often is twenty or thirty miles from a doctor, makes him a grateful friend to

homœopathy. But he often, in an embarrassing way, confuses the chemist with the doctor; and this propensity exists among even the citizens of Auckland.

At Mangapsi there is a chemist who visits and prescribes, to fill the demand of the settlers for homœopathy. At Napier, in the Hawke's Bay district, there is an unregistered practitioner; and I believe at Te Ante there is a Dr. Hamilton who farms land, but practises homœopathy when called upon. At Wellington, the capital of the colony, I believe a practice could be made by a clever homœopath who is a thorough surgeon, but it would need patient working up, and the "season" in Wellington only lasts three months (June—September), while Parliament lasts. It has about 20,000 inhabitants, and has been humorously described by a Middle Island paper as "the windy, shaky metropolis of match-boxes on Cook's Straits," from its prevalent high winds and earthquakes. The houses are almost all of wood. Since death took away our much-valued colleague, Dr. Irvine, of Nelson, that town has had no homœopath. Dr. Jas. Irving in Christchurch is doing the most extensive practice there. Dr. Wanless is prospering in Dunedin, where the "canny Scot" abounds. He is well backed up by an industrious and energetic chemist, Mr. Marshall, who has one homœopathic and one allopathic pharmacy. The great distances and rough seas between the three cities where homœopaths live restrict our intercourse very much. None of my colleagues has visited Auckland since I came, but they have most kindly and hospitably entertained me on my two visits down south. Any new-comer must bear in mind that people here run more often to the chemist than to the doctor for advice, and that after he has obtained a good footing, he must not be astonished or indignant to see some of his best clients go off to some more recent arrival from England. He should be an expert surgeon and a man of the world, with £500 or £600 at least in cash, and a very complete stock of books and instruments. In country districts a limited guaranteed income is usually given, and the life is healthy though rough. But good incomes are made far more rapidly in Australia, where the fees are better and the clubs are more liberal. At present our colony is depressed, and feeling its crushing weight of interest, about £1,100,000 per month, being sent to home creditors.

J. MURRAY MOORE, M.D. Edin., M.D. N.Z., etc.

REVIEWS OF BOOKS.

HISTORY OF HOMEOPATHY.¹

"THE history of homœopathy is the indictment of the medical profession." Such are the opening words of the editor's preface ; and there is no jury in the world, not hopelessly prejudiced, that would not, after hearing the evidence, return a true bill against the accused. There is a singular opportuneness about the appearance of this book of Dr. Ameke's in an English dress. Just at a time when homœopaths in Great Britain were settling comfortably down to their own practices, under the feeling—bred partly of the spread of Ringerism, deluding them into the notion that the battle was already won, and partly of the cessation of the violent opposition of old days—that their best policy was one of *laissez-faire* ;—just at this time comes Dr. Ameke's indictment of the foes of progress, and—unless they bestir themselves to defend the truth they have accepted and the honour of Hahnemann—the indictment even of homœopaths themselves. A cause of surpassing merit for which to fight, and all the strong-holds still in the enemy's hands, Dr. Ameke's book comes to us like a call to battle. We think we already hear shaking among the dry bones of the homœopaths ; we believe we shall presently see emerge from the valley of the silence of death an exceeding great army, that will strike with amazement the hosts of the orthodox and their leaders.

Dr. Ameke's work consists of two parts, the first of which deals with the origin of homœopathy, and the second with the opposition which it encountered. The history of the origin of homœopathy is of course the history of Hahnemann. But in order to show exactly how the truth dawned upon Hahnemann's mind, it was necessary for the author to give a full account of Hahnemann's pre-homœopathic life and works ; and in order to show how great was the revolution Hahnemann inaugurated in the medical art, it was necessary that a picture should be drawn of the condition of the medical and allied arts and sciences of Hahnemann's time. This Dr. Ameke has done in a most admirable manner. He has shown from the works of the time—giving extracts and references, and leaving nothing to rest on his own unsupported statements—the state of Cimmerian night in which medicine then lay ; and he has traced the dawn of day in Hahnemann's mind from the earliest streaks until the light of truth blazed full upon him.

¹ *History of Homeopathy : its Origin, its Conflicts.* With an Appendix on the Present State of University Medicine. By Wilhelm Ameke, M.D. (of Berlin). Translated by Alfred Drysdale, M.B. (of Cannes). Edited by R. E. Dudgeon, M.D. London : Published for the British Homœopathic Society by E. Gould and Son, 55, Moorgate Street. 1885.

The more we study the life and times of Hahnemann, the plainer it becomes that he was specially raised up and specially trained for the work he actually accomplished. His discovery was no happy hit; it was the result of years of the most patient and accurate observation and thought. And if his character had not been annealed by the early hardships of his school-life and the struggle with poverty he maintained all the time he was making himself one of the most learned men in Europe of his day, he would never have been able to carry on as he afterwards did the much harder struggle against ignorance and prejudice enshrined in all the medical academies of the civilised world, in the minds of the orthodox medical practitioners, and in the trade interests of the apothecaries.

It was not as a medical man that Hahnemann first made his fame, but as a practical chemist. His "soluble mercury" is one of the standard preparations of to-day; and his "wine test," for detecting metallic salts adulterating wine, is still the standard test for detecting metals in solution. His translations of chemical works, with original notes of his own—and he touched nothing that he did not improve—and also his own original chemical writings, were the text-books of the time in Germany. He was also an accomplished apothecary, and wrote a dictionary of the apothecary's art. His intimate knowledge of the chemistry of mineral substances, and the botanical and physical properties of drugs, was of immense service to him when he came to study their dynamic action in relation to the human organism. Hahnemann's first work of any kind was published in 1777; the first part of his *Apothekerlexicon* in 1793, the second in 1795, the third in 1798, and the last in 1799. In 1790 he translated Cullen's *Materia Medica*, in which he found the unsatisfactory explanation of the action of Chinchona bark in ague—that it acted as a tonic to the stomach—which led him to test its action on his own healthy body, with the effect of its producing in him a fit of ague. But it was not until 1796 that he published his "Essay on a New Principle for Ascertaining the Curative Powers of Drugs." This "New Principle" was the principle of homœopathy. The article appears in the leading medical journal of the time, *Hufeland's*; it has been translated by Dr. Dudgeon, and may be found page 296 in the *Lesser Writings*. We will quote Hahnemann's own words—or rather Dr. Dudgeon's translation of them—as cited by Dr. Ameke, p. 106:—

"*Every powerful medicinal substance produces in the human body a kind of peculiar disease; the more powerful the medicine, the more peculiar, marked, and violent the disease.*

"*We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured; similia similibus.*"

There was nothing very alarming in a proposition of this kind, and Hahnemann had no difficulty in getting Hufeland to publish his essay. If Hahnemann had stopped there he might have lived and died at peace with his professional brethren. But Hahnemann was not the man to stop with the enunciation of abstract principles, he must go on to put them into practice. To do this he must neglect all the cherished traditions of orthodoxy, and especially blood-letting. This last—the neglect of blood-letting—as Dr. Ameke shows, was the cardinal sin of Hahnemann and homœopathy. This, more than anything else, raised the storm of persecution which overtook him and drove him from one place to another in search of a home and a field for practice.

We should like to tell the whole story, but our space is limited, and we must therefore refer our readers to Dr. Ameke's volume. We can promise them that they will not find in it a dull page. The translation is admirably done; and the preface, the piquant page headings, the notes, and above all the very excellent and complete index which the editor has added, combine to make the work before us of even higher value than the German original.

We congratulate Dr. Ameke on the production of this most important work; and we congratulate Dr. Drysdale and Dr. Dudgeon on the honour which they must share with Dr. Ameke. We are convinced that the appearance of this volume will mark the beginning of a revival in the homœopathic cause; and we are sure that the British Homœopathic Society never did a better piece of work than when it undertook the responsibility of publishing the English translation.

PERIODIC DRUG DISORDERS.¹

DR. SALZER is well known as one of the most profoundly philosophical homœopathists of the time, and any work from his pen is sure to receive the respectful consideration of his colleagues. In his latest work, of which this is the first instalment, he is seeking to make up what he rightly feels to be a want in our repertories, of an arrangement of symptoms showing their periodicity. Taking Allen's *Cyclopædia* as his basis, he has collected therefrom all the symptoms which have been noted to occur at particular times of the day or on particular days or seasons. Judging from the first instalment, which deals with the drugs which have been observed to produce general and febrile disorders marked by periodicity, we have no doubt the work will prove extremely useful.

In his very thoughtful Introduction Dr. Salzer draws an

¹ *Periodic Drug Disorders.* Part I. (General and Febrile Drug Disorders). By L. Salzer, M.D. Calcutta : Berigny and Co., 12, Lal Bazar. 1885.

interesting comparison between the intermittent action of Quinine and Morphine. He points out that Morphine, according to Lœwenstein, shows a double kind of periodicity in its action. After the symptoms that occur when the drug is left off have subsided, there is, after a few days, a fresh outbreak lasting a day or two. Then the Morphine fever is itself periodic, presenting daily accessions. And Morphine, as well as being able to remedy neuralgia, is also able to cause it, producing "intermittent neuralgia in various nerve-areas, supraorbital, intercostal, and cardiac pains" (Lœwenstein). This accounts for those cases in which Morphia injections have proved not merely palliative, but actually curative. Dr. Salzer thinks that diseases might be divided into periodic and non-periodic. He urges very rightly the necessity for persons to note the times of the occurrence of the different symptoms. If a symptom has only occurred once at a certain time, the time is of no importance; but if it has occurred in the same person or other persons repeatedly at the same time, then it is important. Dr. Salzer has observed this point in his selections. In the instances we so frequently meet with of one disease disappearing and being replaced by another pathologically different, Dr. Salzer thinks that instead of alternating two drugs we might find one capable of producing both in alternation. If the two had been produced in different persons, not both in the same, cure would be less likely to ensue than if the two had been produced alternately in the same person. Dr. Salzer's attempt to meet this want in our repertories is most praiseworthy, and in every way deserving of success. We wish he had had a more trustworthy basis than that of Allen to work upon. Such a basis will be provided in the forthcoming *Cyclo-pædia of Drug Pathogenesis*. But Dr. Salzer has done quite right in using the best materials at hand, rather than wait for the complete provings of the latter work. We commend Dr. Salzer's work to the favourable notice of our readers.

A LECTURE ON HOMŒOPATHY.¹

EARLY in March last Dr. Wesselhoeft, who is Professor of Pathology and Therapeutics at the Boston University School of Medicine, was politely requested by the members of the Boylston Medical Society, consisting of advanced students of the Harvard Medical School, to "answer some questions concerning homœopathy." The request was willingly complied with by Professor Wesselhoeft, and the "Lecture" constitutes his answers to these questions. A discussion followed, and more questions were asked and answered. In his opening remarks Dr. Wessel-

¹ *A Lecture on Homœopathy.* By C. Wesselhoeft, M.D. Boston: Otis Clapp and Son. 1885.

hœft said that the event was historic: "It is the first time in medical history that a homœopathist has had the opportunity, courteously extended, of explaining the principles of his own to members of the opposite school." In this remark Dr. Wesselhœft was not absolutely correct; for some two or three years ago the Guild of St. Luke, being a medical society, invited homœopathists to be present at the reading of a paper by one of themselves on homœopathy; and neither the paper nor the reader being forthcoming, the president of the evening asked the homœopathists present to explain what homœopathy was. An interesting discussion followed. But this was somewhat of an accident; and the request to Dr. Wesselhœft was certainly unique, and in every way the event was a matter for rejoicing. Dr. Wesselhœft proved quite equal to the occasion, and the lecture was very much to the point. The questions were answered in a way that must have satisfied his questioners that homœopathy was not a thing to be passed by with a sneer. We expect this lecture and the occasion which called it forth will have no inconsiderable influence on the future of medicine in America. It shows that our American brethren have fought their battle well to have won such a respectful hearing from an old-school society. This lecture ought to have a wide circulation amongst allopathists on this side of the Atlantic, and we advise all our readers who can to procure a copy and lend it to all such as they have reason to believe will read it.

THE POSITION OF THERAPEUTICS.¹

We are happy to find that Dr. Nankivell has acceded to the request to reprint his excellent presidential address delivered at the British Homœopathic Congress, and which was reported in abstract in our November issue. We trust Dr. Nankivell will send copies largely to those whom it most concerns, and that those whom it most concerns will lay its teachings deeply to heart.

KEENE AND ASHWELL'S DIARY, 1886.²

THIS excellently-arranged diary and case-book is now well known to many of our readers, this being the third year of its appearance. The paper is excellent, the pages are numbered, and there is an index for reference. In addition there is an

¹ *On the Position of Therapeutics as a Science and an Art.* By Herbert Nankivell, M.D. London: E. Gould and Son.

² *The Physician's Diary and Case-Book for 1886.* London: Keene and Ashwell, 74, New Bond Street, W.

almanack for the year prefixed, and information on the most indispensable subjects, such as postal arrangements, cab fares, etc., which we are always forgetting and to which we are always needing to refer.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST.¹

THIS beautifully got-up and most convenient Visiting List is specially adapted for the wants of homœopathic practitioners. The Pocket Repertory shows at a glance the medicines from which a choice can be made in any case where the memory is at fault. Opposite to the page on which are divisions for the marking of visits paid there is a page with spaces in which the prescription can be entered, so that a record of treatment as well as of visits may be kept. We are glad see a second edition has been issued of this excellent Pocket Book.

PERPETUAL VISITING LIST.²

THE peculiar feature of this Visiting List is that it is applicable for any year. Against the column in which the visit of the day is marked there is another column in which the prescription may be noted. The "week" thus extends across both pages. There is no repertory attached, but the book is exceedingly handy and convenient.

¹ *The Homœopathic Physician's Visiting List and Pocket Repertory.* By Robert Faulkner, M.D. Second Edition. New York and Philadelphia : Boericke and Tafel.

² *Visiting List and Prescription Record, Perpetual.* Boston and Providence : Otis Clapp and Son.

NEUTRAL SULPHATE OF ATROPINE IN ACUTE OTITIS OF CHILDREN.—Since Dr. Gentilhomme made known about two years ago the good results obtained by the administration of atropine for catarrhal inflammations of the nose, several confirmatory observations have been published. The action of atropine is undoubtedly favourable in the greater number of cases; in some cases it is so energetic, even in doses of gr. $\frac{1}{15}$, that considerable dryness of the pharynx is caused, and deglutition rendered so difficult that the patient cannot swallow solids. These effects are particularly intense in patients who have a commencing pharyngitis siccata. Dr. C. Miot has prescribed the solution of atropine for a certain number of children who were often affected with intense rhinitis, and had, at the same time, an acute otitis on one side or the other. The atropine aborted the rhinitis and prevented the otitis. Miot has notes of over thirty cases in which this treatment was successful.—(*Revue de Laryngologie, Otol., et de Rhinol.*, Aug., 1884).—*Pract.*, Jan., 1885.

GENERAL CORRESPONDENCE.

A NAJA CASE.

To the Editor of the Homeopathic World.

SIR,—Knowing my interest in the influence of our remedies on purely mental symptoms and conditions, Dr. W. Simpson Craig has sent me the following case, which, with his permission, I forward to you, believing it of sufficient interest to be put on record. It is only in our school of medicine that mental distinctions influence therapeutics, and the regard paid to the mental and moral characteristics of our patients is the subject of much wonder, and often amusement, to the early student of Homœopathy. Cases cured with a single remedy are always interesting and instructive.

March 15th, 1884.—C. T., set. seventy-five, a gentleman in good circumstances who has enjoyed good health all his life, having never been laid aside except from an accident in the hunting field. There are a few Heberden's nodules on the finger joints, otherwise he does not present any indications of gouty diathesis. There is no *arcus senilis*, nor any signs of arthritic deposit in the blood-vessels. The pulse is dicrotic and the heart's impulse is increased and tumultuous, but there are no morbid sounds. Appetite and digestion are good, and the bowels act pretty regularly, but he has acquired the habit of taking a pill every fourth night with Hunjadi Water in the morning. He sleeps well during the early part of the night, but on awaking and dozing in the morning hours he has hallucinations of hearing voices. These take the form of quarrelling between his wife and the domestics; they are purely imaginary, but they distress him greatly, as both himself and his wife are people of refinement. He will confide to his son what he hears, and can in some measure be calmed down with the assurance that the "voices" do not state the truth. He has been under treatment for the "voices" for many years without relief. The breathing at night is often distressed, and the labouring of the heart is sometimes alarming.

Cobula Naja 3. One powder twice a day.

April 16th.—Reported free from the "voices" from April 3rd to 13th, on which day he heard an imaginary quarrel, with the delusion that he heard his wife using "bad language." The heart has given him less trouble. Continue medicine.

April 29th.—He has been quite cheerful and happy for a fortnight. No voices or unpleasant dreams. Is so thankful to be relieved. He has not complained of his heart or shortness of breath since last report. Continue medicine.

May 24th.—Has continued free from dreams and hallucina-

tions. Is cheerful by day and has good nights. Continue *Coluba* 3.

June 24th.—No dreams, heart symptoms better. Still troubled with phlegm in the morning.

August 29th.—No return of the "voices." Heart's action steadier. *Crotalus*.

November 3rd.—No voices. Has had bronchitis. *Arsen.-Iod.* 3, ter. in die.

January 7th, 1885.—Continues entirely free from hallucinations.

September 30th.—Reported still free from voices.

Dr. Craig writes me that the gentleman still continues free from the hallucinations, and is otherwise mentally sound.

Liverpool, Nov., 1885.

JOHN D. HAYWARD.

TASMANIA—A PRACTITIONER WANTED.

To the Editor of the Homœopathic World.

SIR,—I venture to forward this in the hope that you may insert it, or extracts from it, in your columns. I write on behalf of the homœopaths of Launceston, and I feel sure you will sympathise with us in the straits in which we are left, and give us assistance by making our want public as much as possible.

Our late homœopathic physician, Dr. Samuel Brown (formerly of Chester, England) started practice here more than eighteen months ago (previously to that homœopathy had nothing to stimulate it in our town, there being neither doctor nor chemist), and during that time had worked together a very fair practice (as will be seen by advertisement). He arrived from England in ill health, and though he improved at first in this genial climate, yet he was ultimately obliged to remove to a warmer one, as more suitable to his ailment. His patients are now left in the condition of sheep without a shepherd; yet to show with what firmness we cling to homœopathy, I may mention that the business at my pharmacy is increasing instead of diminishing, though our doctor has been away two or three months, and fresh converts are still coming in.

It would be a thousand pities to let this good result in favour of homœopathy lapse again, and we hope to induce a physician to come out to us to take up the practice. It is, I am convinced, a most excellent chance, as many of our doctors are making fortunes in these colonies—notably this has been done by the only other homœopathic practitioner in Tasmania, at the southern end of the island, who has been in practice but ten

years; and there is not the slightest reason why it should not be done in the northern part of the colony.

Thanking you for any assistance you may render us,
I am, Sir,

Yours obediently,

F. STYANT BROWNE, Homœopathic Chemist,
The Homœopathic Pharmacy, Launceston, Tasmania,
September 30, 1885.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Brunton** (T. L.). A Text Book of Pharmacology, Théapeutics, and Materia Medica, adapted to the United States Pharmacopœia. By F. H. Williams. (Macmillan. 21s.)
- Charteris** (M.). The Student's Guide to the Study of Medicine. 4th edition. (Churchill. 9s.)
- Cowperthwaite** (A. C.). A Text Book of Materia Medica, Characteristic, Analytical, and Comparative. 3rd edition. Chicago. (Homœopathic Publishing Company. 25s.)
- Dolan** (T. M.). A Summary of New Remedies. (Baillière. 2s. 6d.)
- Friedlander** (C., M.D.). The Use of the Microscope in Clinical and Pathological Examinations. 2nd edition. Enlarged and Improved, with a Chromo-Lithographed Plate. Translated by H. C. Coe, M.D. (New York. 7s. 6d.)
- Garrod** (A. B.). The Essentials of Materia Medica and Therapeutics. 11th edition. By Nestor Thring. (Longmans. 12s. 6d.)
- Hughes** (D. E.). A Compend of the Practice of Medicine. Physician's edition. (Philadelphia. 12s. 6d.)
- Ireland** (W. W.). The Blot upon the Brain : Studies in History and Psychology. Edinburgh. (Simpkin. 10s. 6d.)
- James** (Prosser). A Guide to the New Pharmacopœia, 1885. Comprising an Epitome of the Changes, and an Account of the New Preparations, their Characters, Uses, Doses, etc. (Churchill. 2s. 6d.)
- Keetley** (C. B.). Index to Surgery. 3rd edition. (Smith and Elder. 10s. 6d.)
- Leonard** (C. Henri). A Manual of Bandaging, adapted for Self-Instruction. 2nd edition. (Baillière. 3s. 6d.)
- Martindale** (William). Extra Pharmacopœia. With the Additions introduced into the British Pharmacopœia, Medical References, and a Therapeutic Index to Diseases and Symptoms. By W. W. Westcott. 4th edition. 7s.
- Mears** (J. E.). Practical Surgery, including Surgical Dressings, Bandaging, Fractures and Dislocations, Ligations, Amputations, Excisions of Bones, Joints, etc. 2nd edition. (Philadelphia. 20s.)
- Stille** (A.). Cholera : its Origin, History, Causation, Symptoms, Lesions, Prevention, and Treatment. With Chart, showing Routes followed by previous Epidemics. (Philadelphia. 6s.)
- Watson** (B. A.). A Treatise on Amputations of the Extremities and their Complications. Illustrated by upwards of 250 Engravings. Edinburgh. (Simpkin. 25s.)
- Weisse** (F. D.). Practical Human Anatomy. For Students and Practitioners. Illustrated. (New York. 30s.)

* * * To be continued Monthly.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would

therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct and return to the Editor as early as possible.

DR. ROTH requests us to mention to his colleagues that he has returned to town after his long absence.

DR. BLUNDELL has gone to Nottingham to succeed Dr. Stanley Wilde. Dr. Blundell takes with him a good reputation from Weston-super-Mare, where he was formerly in practice, and he has our best wishes for his success in the larger field to which he has removed.

MR. E. H. IVATTS, 21, Philsborough Road, Dublin, is thanked for his valuable suggestion. We fear, however, that it is scarcely practicable, and the demands on our space for other matter are very great.

CORRESPONDENTS.

Communications received from Dr. Clifton, Northampton; Dr. Dudgeon, London; Dr. Vawdrey, Birmingham; Dr. J. D. Hayward, Liverpool; Dr. Percy Wilde, Bath; Dr. John Wilde, Weston-super-Mare; Dr. M. Roth, London; Dr. Hughes, Brighton; Mr. E. H. Ivatts, Dublin; Dr. W. B. Clarke, Illinois; Mr. F. Styant Browne, Launceston, Tasmania; Dr. Winterburn, New York; Dr. Berridge, London; Dr. Morrison, London; Dr. Norman, Bath.

BOOKS AND JOURNALS RECEIVED.

Allgemeine Homœopathische Zeitung.—Zoophilist.—Medical Advance.—Monthly Homœopathic Review.—Revue Homœopathique Belge.—Homœopathische Monatsblätter.—Medical Investigator.—Bibliothèque Homœopathique.—New York Medical Times.—American Homœopathist.—St. Louis Periscope.—United States Medical Investigator.—Medical Advocate.—Clinique Medical Visitor.—Chemist and Druggist.—American Observer.—The Homœopathic Journal of Obstetrics.—La Reforma Medica.—The Hobart Mercury.—Calcutta Journal of Medicine.—The Guide.—L'Eclaireur.—Revista Argentine de Cuncios Médicas, Buenos Ayres.—Homœopathic Physician.—Revista Hom. Catalana.—Hahnemannian Monthly.—Bibliothèque Homœopathique.—Medical Era.—Cyclopedia of Pothogenesey. Part II.—Visiting List: Otis Clapp and Son.—Bath and its Waters. By G. Norman, M.R.C.S. Eng.—The Position of Therapeutics as a Science and an Art. By Dr. Herbert Nankivell.—Notes on the Deafnesses. By Dr. R. T. Cooper.—History of Homœopathy. By Dr. Ameke. Translated by Dr. Drysdale, of Cannes. Edited by Dr. Dudgeon.—Small-pox and its Prevention. By Dr. J. Nichol.—Homœopathic Physician's Visiting List and Pocket Repertory. By Robert Faulkner, M.D.

THE
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WORLD:
A Monthly Journal
OF

MEDICAL, SOCIAL, AND SANITARY SCIENCE.

Edited by

JOHN H. CLARKE, M.D.,

Ext. Mem. Roy. Med. Soc. Edin.

CONTENTS.

PAGE	PAGE		
To Our Supporters	529	Periodic Drug Disorders. By L. SALZER, M.D.....	561
A New Propaganda	530	A Lecture on Homœopathy. By C. WESSEL- HOEFT, M.D.....	562
NOTES	537	The Position of Therapeutics. By HER- BERT NANKIVELL, M.D.....	563
ORIGINAL COMMUNICATIONS:		Keene and Ashwell's Diary, 1886	563
Homœopathy in Great Britain — An American View. By J. P. DAKE, M.D., Nashville, Tenn.....	542	The Homœopathic Physician's Visiting List. By ROBERT FAULKNER, M.D.....	564
Militant Homœopathy	546	Perpetual Visiting List	564
On the Diagnosis of Ulceration of the Stomach. By JOHN D. HAYWARD, M.D. Lon.....	547		
SOCIETIES' MEETINGS:			
British Homœopathic Society	551	A Naja Case	565
SPECIAL CORRESPONDENCE:		Tasmania—A Practitioner Wanted	566
New York—New Zealand	554—558	Medical and Surgical Works Published during the Past Month.....	567
REVIEWS OF BOOKS:		Short Notes, Answers to Correspondents, etc.	567
History of Homœopathy. By WILHELM AMEKE, M.D.	559	Title and Index to Vol. XX.	

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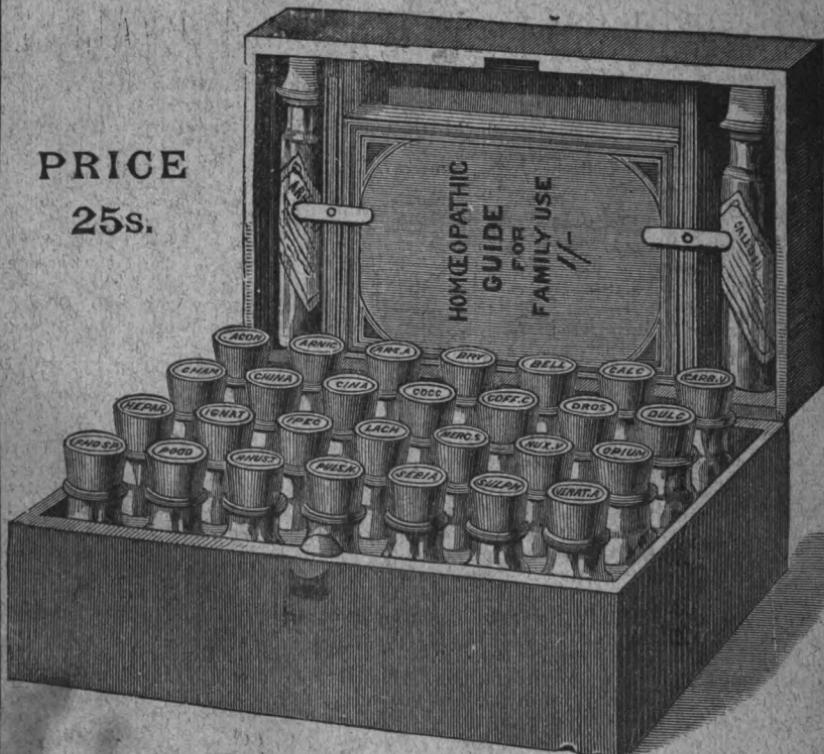
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